



ADULT VOLUNTEER WELCOME PACKET

Thank you for your interest in serving with *Unlimited* at Fellowship Community Church. Your sensitivity to the Holy Spirit's leading is deeply appreciated. Unlimited began over thirteen years ago as God began to bring families with special needs into FCC, then placed the need for the ministry in the hearts of the FCC staff. God moved within the church as Pastor Ken led in a series called "In His Image" in September of 2005.

During these years, God has equipped us to serve families who are affected by special needs by serving the individual, the family and caregivers. The ministry launched a new name and logo in 2016 and we are blessed with a volunteer base that allows us to continually serve more families.

It is our goal to provide training for our volunteers throughout the year. Recognize however, that no orientation or training will be able to provide you with all of the information you need as the world of special needs is vast and each child and adult is unique. Experienced volunteers will be nearby when you need them.

Please complete the attached pages and return them to the Unlimited Office. The information on the Background Screening form is needed to run the required background check for serving with children at FCC. If you have already been cleared through another FCC ministry, please let us know.

If you have other questions, please feel free to contact the Unlimited office @ 387-3200 or unlimited@fcclife.org. We will make every effort to provide you with the information and answers you need. Once again, thank you for being part of this exciting opportunity to share the love of Jesus with individuals with special needs and their families.

In Christ,
The Unlimited Ministry Team

Our Purpose

Unlimited's mission is to provide opportunities for individuals with special needs to hear the gospel, worship, serve and enjoy community in the local church.

Our Core Values

- All people, regardless of physical, cognitive, or psychological abilities, have value because they are created in God's image.
- When a child is dedicated the FCC congregation agrees to encourage and support that family as the child is raised; the same principle should be applied when a family has a member with "special needs."
- People with special needs need opportunities to develop and use their spiritual gifts for ministry.
- People with special needs should be included in all aspects of FCC ministry.
- Whenever possible, an inclusion model should be used at FCC.

Our Goals

- Educate the FCC congregation regarding the needs and abilities of people with disabilities and their caregivers.
- Train FCC ministry workers on how to effectively assist people with different types of special needs.
- Incorporate opportunities for people with disabilities to serve in God's ministries.
- Provide respite for caregivers of people with disabilities.
- Assist in the identification and access of resources for people with special needs and their caregivers.



ADULT VOLUNTEER APPLICATION

Today's Date: ____/____/____

This application is to be completed by all applicants having direct contact with children or individuals with special needs (volunteer or compensated.) This is **not** an employment application. (Previous experience with individuals with special needs is NOT a requirement to volunteer with Unlimited.)

Name _____ Nickname _____

Address _____

City _____ State _____ Zip Code _____

Phone: Home _____ Cell _____

Email _____ Date of Birth _____

Spouses Name _____ Do you have children? Yes ___ No ___

If so, what are their names/ages? _____

Previous address (if you have lived at your current address less than 5 yrs) _____

Employment History (We will not contact your employer unless they are listed as a reference)

Present Employer & Address _____

Position _____ How long have you been employed there? _____

Previous Employer (if at present employer less than 2 years) _____

Position held _____ How long were you there? _____

Background Information

Do you regularly attend weekend worship services?

Yes ☐

No ☐

Have you accepted Jesus Christ as your Lord and Savior?

Yes ☐

No ☐

Are you committed to having the character of Jesus live through you?

Yes ☐

No ☐

Have you been baptized as a teen or adult?

Yes ☐

No ☐

Soon ☐

Are you a participating member of FCC or another church?

Yes ☐

No ☐

Where _____

I have chosen to work in Unlimited because: _____

I am involved with the following ministries at FCC or (other church) _____

I am involved with the following small group/Bible study: _____

Please list previous church work and/or non church work and experience involving **children or adults** with special needs during the past 10 years. Include dates of work, church name location, and work performed:

(continue on the back if needed)

References: List three people you know, who meet the following criteria: (1) Are over 18 years old (2) Are not related to you (3) have seen you around minors or individuals with special needs (4) have known you more than one year (5) have a definite knowledge of your character.

Name _____ Occupation _____
Length of time known _____ City/State of residence _____
Contact E-Mail Address (preferred) _____
Contact Phone No. _____
Nature of association _____

Name _____ Occupation _____
Length of time known _____ City/State of residence _____
Contact E-Mail Address (preferred) _____
Contact Phone No. _____
Nature of association _____

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Length of time known _____ City/State of residence _____
Contact E-Mail Address (preferred) _____
Contact Phone No. _____
Nature of association _____

Spiritual Journey

Briefly share with us how and when you decided to trust Jesus as your personal Lord and Savior, and how He has changed your life. What is the most recent lesson you have learned as you are walking daily with Him?

(continue on back if needed)

Is there any circumstance or pattern in your life, which would make it inappropriate for you to serve with minors or would compromise the integrity of Fellowship Community Church? ☐ No ☐ Yes If yes explain:

Applicants Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

(if applicant is under 18 years old)

Authorization to Reproduce Physical Likeness



I grant Fellowship Community Church the right to photograph me, _____, and use my picture, silhouette, or other reproductions of my physical likeness in connection with advertisements, publications, and/or videos of Fellowship Community Church. These reproductions may include an exhibition, internet webpage, incorporation into a publication, church advertisement or promotion, or any other use of videos.

My signature below indicates that I have read and understand the meaning and effect of this release form.

Agreed and Accepted: (See below if you do not agree)

Signature of Participant or Legal Guardian

Date

Printed Name of Participant or Legal Guardian if under 18 (please print)



I **DO NOT WISH** for Fellowship Community Church to use my picture, silhouette, or other reproductions of my physical likeness in connection with advertisements, publications, and/or videos of Fellowship Community Church. These reproductions may include an exhibition, internet webpage, incorporation into a publication, church advertisement or promotion, or any other use of videos.

Signature of Participant or Legal Guardian

Date

Printed Name of Participant or Legal Guardian (please print)

****Note:** This information will be in force until such time as the parent notifies the church in writing that they want the information to be changed.



Requesting Ministry

Date Requested:

Background Screening Consent

Applicant should complete all relevant information and sign and date the form.

I, _____, hereby authorize **Fellowship Community Church, Inc.** and/or its agents to make an independent investigation of my background that may include: references, character, past employment, education, credit history (if applicable for position), adult criminal or police records, and motor vehicle records including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for service now and, if applicable, during the tenure of my employment or service with **Fellowship Community Church, Inc.**

I release **Fellowship Community Church, Inc.** and its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used. The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Name (Printed) _____

Maiden Name or Other Names Used _____

Social Security Number: _____ Date of Birth*: _____ / _____ /19 _____

Present Address _____

City _____ State _____ Zip _____

How Long at Present Address? _____

Former Address _____

City _____ State _____ Zip _____

How Long at Former Address? _____

Please list all states and counties of residence since turning age 18: _____

(Please circle any of the following states in which you have lived: CA, CO, DE, LA, MA, SD, VT, WV, WY)

 **Driver's License Number:** _____ **State of License:** _____

 **Signature of Applicant / Date** (This CANNOT be an electronic signature. Requires your actual signature)

*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment, internship, or service as a volunteer. Fellowship Community Church abides by all applicable state and federal employment laws.