



## Student Volunteer Application Packet

Dear FCC Student:

We are so excited that you are interested in serving in Unlimited at FCC. It has been so exciting to watch this ministry grow through the years. God allows us to minister to children and adults with special needs and their families through a lot of different ways. We are happy that you are interested in serving on one of them. The best ways for our student ministry to be part of Unlimited is through our Buddies program and by helping at Unlimited Kids events. Here's a little about both:

**Buddies:** If you decide to buddy, you will be assigned a child in one of our Kid's Life classes that you will spend one service with each Sunday. You will hang out with them, get to know them and help them participate in classroom activities. This is an awesome way we minister (1) to parents which allows them to attend a service without concern for their child and (2) to the child so that they can participate just as any other child would in class.

**Unlimited Kids:** We have UL Kids once-a-month. UL Kids allows parents of kids with special needs and their siblings a night out to themselves while we have a blast hanging out with the kids doing a Bible lesson, craft, games, snacks, etc. We'd love to have you at UL Kids!

Please complete this packet and return it to the Unlimited Office. You will only need to complete the Background Screening form if you are over the age of 18.

If you have further questions, please feel free to contact the Unlimited office at 540-387-3200 or [unlimited@fcclife.org](mailto:unlimited@fcclife.org). Again, thank you for being part of this exciting opportunity to share the love of Jesus with individuals with disabilities and their families in the Roanoke Valley.

In Christ,

The Unlimited Ministry Team



1226 Red Lane Extension  
Salem, VA 24153

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## 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.

## Student Volunteer Application

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: First \_\_\_\_\_ Last \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date of Birth (mm/dd/yy): \_\_\_\_\_ Do you have a valid driver's license? ☐ Yes ☐ No

Gender: \_\_\_\_M \_\_\_\_F

### **Emergency Contact Information** (Parent or guardian we can call if needed)

Name(s): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to student: \_\_\_\_\_



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## Employment & Student Information

Do you have a job? ☐ Yes ☐ No Place of Employment: \_\_\_\_\_

Position Held: \_\_\_\_\_ Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

What school do you currently attend? \_\_\_\_\_

Do you have volunteer or paid experience working with people with special needs? ☐ Yes (describe below) ☐ No

Type(s) of special needs experience(es) and length: \_\_\_\_\_

(continue on back if needed)

Do you have current certification in any of the following: (check ALL that apply)

☐ CPR ☐ First-Aid ☐ Other If applicable, please list certification & expiration date: \_\_\_\_\_

Do you have a relationship with Christ? ☐ Yes ☐ No

Please share your faith story of how you came to know Christ and what how He is working in your heart and life today:

Have you taken the step of baptism? ☐ Yes ☐ No ☐ Soon: \_\_\_\_\_ (date to be baptized)

Are you currently actively involved in a Life Group? ☐ Yes ☐ No If yes, who is your Life group leader? \_\_\_\_\_

Are you actively involved in student ministry? ☐ Yes ☐ No

If yes, what church? \_\_\_\_\_ ☐ Middle School or ☐ High School

Are you a regular attendee of FCC or another Church? ☐ Yes ☐ No

If another church, what church? \_\_\_\_\_

Why have you chosen to work with Unlimited? \_\_\_\_\_

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

Do your parents support you serving in Unlimited? ☐ Yes ☐ No



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## Personal References

Please list people that meet the following criteria: 1) Are over 18 years of age; 2) Have seen you around individuals with disabilities; 3) have known you for more than one year; 4) have a definite knowledge of your character.

### Reference 1 (A parent or guardian)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Length of Time Known: \_\_\_\_\_

### Reference 2 (Youth Pastor or Life Group leader)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Length of Time Known: \_\_\_\_\_

### Reference 3 (your choice)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Length of Time Known: \_\_\_\_\_

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
(if under 18)

## 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

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Printed Name of Participant or Legal Guardian (please print)



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