



# Salem Alliance Church

## Youth - New Volunteer Application

555 Gaines St. NE  
Salem, OR 97301  
503-581-2129  
www.salemalliance.org

*"We exist to exalt Jesus Christ, become His fully devoted followers, and share His grace and truth with all people."*

### Purpose of the Application Process:

1. Provide a way for each person to find a place to serve at Salem Alliance that maximizes their individual spiritual gifts, skills and talents in ministry.
2. Provide a safe environment for volunteers to serve, learn and grow.
3. Protect minors, vulnerable adults, volunteers, and the Church when serving with these individuals.

It is our intention to build relationships with and disciple those whom we are entrusting with confidential data, finances and leadership positions. Please know that the information contained in this application will be treated with the utmost of confidentiality, respect **and shared only with the appropriate staff/ministry leader**. At all times, these forms will be stored in a locked file cabinet located in a locked office. No one will have access without proper authorization.

These questions are asked to help us create an environment where people can bring their strengths to carry out our mission in a safe, and productive way. Part of this process may include a personal interview. This is **not** an employment application.

### APPLICATION MINISTRY AREA: (indicate all of the Ministry Areas as you are applying for)

Department: \_\_\_\_\_ Specific Area (if known): \_\_\_\_\_

Staff Contact: (if known) \_\_\_\_\_

Department: \_\_\_\_\_ Specific Area (if known): \_\_\_\_\_

Staff Contact: (if known) \_\_\_\_\_

### GENERAL INFORMATION:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Best time to call: \_\_\_\_\_

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

### EMERGENCY CONTACT INFORMATION: (additional contact information can be listed on back)

Parent/Legal Guardian Name: First: \_\_\_\_\_ Last: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Parent/Legal Guardian Name: First: \_\_\_\_\_ Last: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

**SPIRITUAL JOURNEY:**

Whether we are devoted believers or still in the process of investigation, we all have a spiritual history. Please take a few moments to describe your journey thus far.

Describe briefly 1-3 circumstances in your life that have caused you to grow spiritually in the past year (e.g. a book you read, LIFE, small group, Bible study, birth or death of a family member/friend, etc.):

Have you accepted Jesus Christ as your personal Savior?  Yes  No

If yes, please write about when and where you received Christ as your personal Savior:

**CHURCH HISTORY/PRIOR VOLUNTEER EXPERIENCE:** Do you attend Salem Alliance Church?  Yes  No

Which of these do you currently attend? (Mark all that apply.)

The Link  Flipside  Main Worship Service  Crash  D Group  Small Group

Other, please list: \_\_\_\_\_

Have you ever worked with a ministry/ volunteer position or job involving children?

Yes  No If yes, where and what did you do?

Who was your adult supervisor? \_\_\_\_\_

What did you enjoy most about the experience?

List names of churches you have attended in the past five years (include addresses outside Salem):

Are you currently serving at Salem Alliance? \_\_\_\_\_

I want to serve in this ministry at Salem Alliance Church because:

Have you ever been involuntarily terminated from a volunteer position?  Yes  No

Have you ever voluntarily left or been asked to leave a role within an organization due to a concern regarding inappropriate conduct with minors or adults?  Yes  No

If yes to either of the two questions above, please explain:

Are there any particular accommodations we need to make to for your ministry at SAC?  Yes  No

The information that I have provided is true. I agree to support Salem Alliance Church mission, values and doctrinal statement. In signing this application I recognize that by accepting a position of service I am placing myself under the authority of Salem Alliance Church Leadership.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature (if 17 or under): \_\_\_\_\_ Date: \_\_\_\_\_

*\*\*Please print this document, sign and return in person or via US Mail.  
Do not submit electronically\*\**

**PLEASE NOTE: Because of the sensitive nature of working with vulnerable populations (e.g. children, the elderly, etc.), should you ever desire to serve in one of these areas you will be asked to fill out a "Vulnerable Populations Addendum" to this application.**



**VOLUNTEER INFORMATION:**

**\*Information on this page is optional but will greatly help us know your preferences for service.**

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

Date: \_\_\_\_\_

Availability for Ministry and Areas of Interests: (check all that apply)

Weekend Services:  5 pm  6:30 pm  8 am  9:30 am  11 am

Weekday Times:  Wednesday 7 pm  Other: \_\_\_\_\_

Time Commitment:

- Light (e.g. once a year)
- Moderate (e.g. once a month)
- Strong (e.g. weekly)
- Major (e.g. several hours weekly)
- Major (e.g. major commitment seasonally)
- Weekends  Evenings  Weekdays

Personal Styles:

- Prefer structure
- Prefer flexibility
- People focused
- Task focused

Age Preferences:

- Preschool
- Grade School
- Middle School
- High School
- Adults
- Older Adults

Other: \_\_\_\_\_

Ministry Preferences:

- Bible Study
- Children's Ministries
- Community Impact
- Evangelism
- Guest Services
- Family Life
- Financial Issues
- Life Center
- Men's Ministry
- Missions
- Prayer
- Recovery
- Student Ministries
- Technical
- Visitation
- Women's Ministry
- Worship

Other: \_\_\_\_\_

Are you certified in: Adult CPR?  Yes  No Infant CPR?  Yes  No First Aid  Yes  No

Please list languages skills (e.g. ASL, foreign language): \_\_\_\_\_

Have you ever taken a spiritual gifts inventory or attended SAC's Discovery Seminar?  Yes  No

If yes, which spiritual gifts did you discover?

How do you see your specific gifts being used in the area for which you are applying to serve?

List three or more skills you have and interests or activities you enjoy:

**Employment/Occupation:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

Part Time  Full Time  Date Started \_\_\_\_\_

Briefly describe your job: