VOLUNTEER APPLICATION

Application Instructions

Thank you for your interest in serving with Team Expansion. *Couples must fill out separate applications.* Please use the following checklist to make sure you have completed all application requirements:

- ☐ **Complete application, including references.**
- ☐ **Read and sign** *Foundational Principles, Permission to Obtain Background Check,* **and** *Volunteer Waiver of Liability.*
- ☐ **Return completed application and signed forms to applications@teamexpansion.org.**

PERSONAL INFORMATION

Name _____

Marital Status_____ **Spouse's Name**_____

Email_____**Phone**_____

Address_____

_____

What church do you currently attend?_____

Specialized Certifications_____

Desired volunteer position_____

What prompted your interest in this role?_____

What times/days are you available?_____

Current employer_____

Position_____

Phone_____

Why would you like to be involved in this ministry?

Name three of your strengths

Name three of your weaknesses

BACKGROUND INFORMATION

Have you had any serious problems that resulted in dismissal from a position, school, or in the breaking of a relationship?

Have you ever served time in a jail/detention center? If yes, please explain.

Have you ever been convicted of a crime? If yes, please explain.

Have you ever been involved in illegal drug use? If yes, please explain.

Have you ever been involved in gang related activity? If yes, please explain.

Is there anything else that you feel would be helpful for us to know about you?

REFERENCES

Employer/College Professor Reference (please indicate which one)

Name_____ Relationship_____

Address_____

Phone_____ Email_____

Ministry Reference (pastor, ministry associate, small group leader, etc.)

Name_____ Relationship_____

Address_____

Phone_____ Email_____

Personal, Non-Relative Reference

Name_____ Relationship_____

Address_____

Phone_____ Email_____

FOUNDATIONAL PRINCIPLES

OUR MISSION: Multiplying disciples and churches among the unreached.
OUR VISION: Obedient Disciples in Every People and Place.

I accept Team Expansion's Foundational Principles

Signature_____ Date_____

Printed Name_____

VOLUNTEER WAIVER OF LIABILITY AND RELEASE OF INFORMATION

I, the undersigned, testify that the information I have provided on this application is accurate to the best of my knowledge. I understand that my application, personal history and assessments may be available to leadership and team leaders.

Team Expansion may contact references on my behalf. I authorize any references, secondary references, or churches to give you information that they may have regarding my fitness for missionary service, including assessments of my character, reputation, work performance, and family, spiritual, and social life. I release all such references from liability and damage that may result from such evaluations, and I waive any right to inspect these references.

I, for myself, and on behalf of my estate, heirs, executors, and administrators do hereby fully release and discharge Team Expansion and all Team Expansion affiliates from any liabilities, claims, obligations, damages – including but not limited to any negligence, including gross negligence, of Team Expansion, its employees and affiliates, and causes of action whatsoever arising or growing out of my traveling and participation in the programs of Team Expansion.

Furthermore, any Team Expansion personnel or its representatives have my permission to take me to a medical professional for medical treatment, hospitalization or emergency surgery if the need should arise. I, or anyone financially responsible for me, assume the responsibility for all medical bills for myself. Should it be necessary for me to return home due to medical reasons or disciplinary action, I, or anyone financially responsible for me, will assume total transportation costs incurred above the original ticket cost of the work project.

I understand that Team Expansion workers serve at their own risk and Team Expansion is not liable in the event of sickness, accident, death or terrorist acts. I also understand that Team Expansion, like many other businesses and organizations, has a policy that they will NOT pay ransom for any person who may be kidnapped or held hostage while serving with them.

This agreement shall be governed by the law of the Commonwealth of Kentucky without resorting to its rules concerning conflicts of law.

Signature_____ Date_____

Printed Name_____

PERMISSION TO OBTAIN BACKGROUND CHECK

This form authorizes Team Expansion to obtain background information and must be completed by the applicant. Team Expansion must keep this completed form on file for at least five years after requesting a background check.

I, the undersigned applicant (also known as "consumer"), authorize Team Expansion through its independent contractor, First Advantage, to procure background information (also known as a "consumer report and/or investigative consumer report") about me. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and the state sex offender records.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to Team Expansion, if such is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

Signature_____ Date_____

Printed Name_____

Identifying information for Background Information Agency *(also known as Consumer Reporting Agency)*

Legal Name: _____ _____ _____
First Name *Full Middle Name* *Last Name*

Other Names Used (alias, maiden, nicknames): _____

Current Address: _____
Street

_____ _____ _____ _____ _____
City *State* *ZIP* *County* *Dates*

Former Address: _____
Street

_____ _____ _____ _____ _____
City *State* *ZIP* *County* *Dates*

Daytime phone: _____ Social Security Number: _____

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

Date of Birth: _____ _____ _____ Gender: ☐ Male ☐ Female

Do you have a concealed carry permit? Yes____ No____