



Mount Bethel Baptist Church
 4636 Indian River Road
 Virginia Beach, VA 23456
 Office (757) 471-0916 Fax (757) 471-2954
 Email: mtbethel@vacoxmail.com



Pastor
 Rev. Curtis L. Johnson

MBBC Members Volunteer Application

Name: _____ Date: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

Emergency Contact Name and Number: _____

MBBC Ministry Interest

How long have you attended MBBC? _____

Name preferred ministry: _____

List preferred volunteer schedule: _____

If working with youth/minors, please indicate the age ranges _____

Are you CPR certified? _____ Expiration Date: _____ (please provide a copy of card)

Please list other MBBC ministries that you have been or currently involved in: _____

Applicant's Statement

I, _____ certify that all of the information in this application is correct to the best of my knowledge. I understand that all information in this application will be held confidential. If a situation involving inappropriate conduct arises, I agree to withdraw from active involvement until the issue is resolved.

As a MBBC volunteer, I commit to the following:

- I will provide a recent copy of my background screening report include social security number verification; criminal history and sex offender name search via the Virginia State Police in connection with my application as a volunteer with Mount Bethel Baptist Church to the Personnel Committee. (Form SP 167 found at www.vsp.state.va.us).
- I understand that, if approved for volunteer service by Mount Bethel Baptist Church, the background check information will be kept on file and may be reviewed during my service when in the judgment of the Personnel Committee at Mount Bethel Baptist Church, when deemed necessary.
- Follow and agreement with MBBC By Laws inclusive of Doctrine, Church Covenant, and the 18 Articles of Faith
- I will cooperate with other ministries.
- I understand my background check will be updated every 3 years.
- I understand annual training will be required yearly if working with minors.

I have read this statement and agree to all of its contents.

Applicant's signature _____ Date: _____

Please do not write below this line. Office use only.

Age/Grade Preference: Nursery Toddler Twos Threes and Fours K/1st 2nd/3rd 4th/5th Middle School High School

Position _____

Background check completed yes no Why or why not? _____

Comments

Personnel Chairperson Signature _____

Approved Denied Date _____