



**volunteer application**

All applicants must complete the questions listed below for any position (volunteer or compensated) within Lincoln Christian School. This information is used to help provide a safe and secure environment for LCS students and all who participate in LCS programs. ALL INFORMATION GIVEN IS CONFIDENTIAL.

GENERAL INFORMATION				
Last Name		First Name		Date of Birth
Address			City	State      Zip
Home Phone		Work Phone		<input type="checkbox"/> Male <input type="checkbox"/> Female      Birthdate
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Spouse's Name		Anniversary Date
Maiden Name (or other names you've gone by)				
Present Employer		Occupation		May we call you at work? <input type="checkbox"/> No <input type="checkbox"/> Yes

### christian experience

Are you a member of Church On The Move?     Yes     No

If yes, how long have you attended? \_\_\_\_\_

If no, what church do you currently attend? \_\_\_\_\_

How long have you attended your church? \_\_\_\_\_

Have you received Jesus Christ as your personal Lord and Saviour?     Yes     No

If yes, where and when? \_\_\_\_\_

Have you been filled with the Holy Spirit (according to Acts 2:4)?     Yes     No

If yes, where and when? \_\_\_\_\_

Have you been baptized in water?     Yes     No

If yes, where and when? \_\_\_\_\_

Do you tithe on a regular basis to your church?     Yes     No

Have you ever completed a COTM Helps or LCS Volunteer application before?     Yes     No

If yes, for which department? When? \_\_\_\_\_

Do you have children who attend LCS?     Yes     No

How many years have they attended? \_\_\_\_\_

### do you believe

Yes     No      In the virgin birth and deity of our Lord Jesus Christ?

Yes     No      That Jesus is God's Son and the only sacrifice for sin?

Yes     No      That a man must be born again to receive eternal life?

Yes     No      In eternal reward for the believer? (Heaven)

Yes     No      In eternal damnation for the lost? (Hell)

Yes     No      In the rapture of the church prior to the 7 year tribulation?

Yes     No      In the infallibility of the scriptures?

Yes     No      That divine healing is part of redemption's purchase and is God's will for all who believe?

Yes     No      That Jesus arose bodily from the dead?

Yes     No      In the infilling of the Holy Spirit?

Yes     No      That speaking in tongues is the initial physical evidence of the baptism of the Holy Spirit?

List any gifts, training, education, or other factors, which have prepared you for volunteer service.

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## lifestyle

Do you have any limitations or conditions that prevent you from performing certain types of activities relating to volunteer work?  Yes  No

If yes, please explain.

Have you been accused of and/or convicted of spousal abuse in any form?  Yes  No

If yes, please explain. \_\_\_\_\_

Have you been accused of and/or convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor?  Yes  No

If yes, please explain. \_\_\_\_\_

Have you been involved in homosexual activity within the last 5 years?  Yes  No

Do you presently have any communicable diseases (including HIV or AIDS)?  Yes  No

If yes, please explain. \_\_\_\_\_

Have you ever been asked to leave a church you previously attended?  Yes  No

If yes, please explain. \_\_\_\_\_

Have you ever been asked to leave or withdraw your children from a previous school?  Yes  No

If yes, please explain. \_\_\_\_\_

Yes  No Do you currently use tobacco?

Yes  No

Do you currently view pornography in print or on the internet?

Yes  No Do you currently use illegal drugs?

Yes  No

Do you have problems controlling your temper?

Yes  No Do you currently use alcohol?

Yes  No

Do you currently use profanity?

## desired involvement

Coaching

Concession Stand

Classroom Volunteer

Gate Worker

Statistical/Event Staff

Other \_\_\_\_\_

## personal references

No employees or relatives. Please include at least one former or present senior pastor, associate pastor, or ministerial supervisor who knows you personally.

Name
Address
City/State/Zip
Phone

Name
Address
City/State/Zip
Phone

Name
Address
City/State/Zip
Phone

Name
Address
City/State/Zip
Phone

## applicant's statement

The information contained in this application is correct to the best of my knowledge. I authorize all references listed in this application to provide any information they may have regarding my character and fitness for volunteer work. I release all such references from liability for any damage that may result from furnishing such evaluations to you and I waive any right to inspect the reference provided on my behalf. Should my application be accepted, I agree to be bound by the regulations and policies of Lincoln Christian School and to refrain from unscriptural conduct.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



## volunteer requirements

Qualifications for all Lincoln Christian School volunteer workers: Christians who work in places of responsibility in the school are required to be examples in faith, conduct, and business affairs. The following guidelines are required of any person who works in a volunteer position at Lincoln Christian School.

### requirements

- Must complete this application for volunteer work.
- Must be in agreement with the statement of faith, as outlined in the LCS parent and student handbook.
- Must be a member of a local church in the Tulsa area and have faithfully attended that church for at least 6 months.
- Must be a member in good standing at Church On The Move if you are a Head Coach at LCS.
- Must be loyal to the administration and leadership of LCS.
- Must be faithful to your assigned position.
- Must live a separated Christian life.
- Must be neat in your appearance.
- Must give at least three (3) days notice for planned absences.
- Must attend all workers meetings and workshops.
- Must complete appropriate worker's training course(s) required for your area of work.
- Must be faithful to attend regular church services.
- Must have your home life in order.
- Must have children currently enrolled in LCS if you are not a member of Church On The Move.
- Must be willing to make a commitment for the entire school year and/or athletic season.
- Must be in agreement with the LCS/Church On The Move Statement Of Faith.

### agreement

I have read and am in full agreement with the requirements listed above, and pledge to keep them to the best of my ability.  
I clearly understand that failure to keep any of the above requirements is grounds for dismissal.

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Signature of Applicant

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Date



## authorization for release form

In connection with my application for volunteer service with Lincoln Christian School, I authorize Lincoln Christian School, and/or ACCUFAX Div., Southvest Inc., their agent, to solicit background information relative to my criminal record history. I understand that Lincoln Christian School may conduct inquiries into my background that may include criminal records, personal references and other public record reports pertaining to me.

**I authorize without reservation, any person, agency, or other entity contacted by Lincoln Christian School, Church On The Move, or ACCUFAX Div., Southvest Inc., their agent, for purposes of obtaining background report information, to furnish the above mentioned information.**

I release Lincoln Christian School, Church On The Move, their respective employees, or ACCUFAX Div., Southvest Inc., their agent and employees and all persons, agencies and entities providing information or reports about me from any and all liability arising out of furnishing any such information.

BACKGROUND INFORMATION				
Last Name	First Name		Date of Birth	
City of Birth	County		State	Zip
AKA or Maiden Name	Social Security Number			
Other Names You Have Gone By		Other Social Security Numbers You Have Had		
Present Address		City	State	Zip
County	Years at this Address Yrs.      Mos.			
Previous Address		City	State	Zip
County	Years at this Address Yrs.      Mos.			

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Thank you for applying to volunteer at Lincoln Christian School.**

Please return this form with your LCS application or you may fax it to the ministry offices at 828-9456.

# LINCOLN CHRISTIAN SCHOOL

## PASTORAL REFERENCE

### APPLICANT INSTRUCTIONS:

Please print your name, sign and date the waiver section below, then distribute your references as follows: One pastoral reference and two professional/personal references. Relatives of the applicant or employees are not considered valid references.

Applicant's Name (Please Print): \_\_\_\_\_

By signing below, I authorize any reference listed to give Lincoln Christian School any information they may have regarding my character and fitness for Volunteer Ministry. I release all references from liability for any damage that may result from furnishing such evaluations to you, and I waive any right that I have to inspect the references provided on my behalf. Should my application be accepted, I agree to be bound by the constitution, by-laws, and policies of Lincoln Christian School and to refrain from unscriptural conduct.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please check which reference type applies to this reference:    Pastoral    Professional    Personal

### REFERENCE INSTRUCTIONS:

Please complete this reference to the best of your ability, including any pertinent information that may help us in processing the applicant's request for Volunteer Ministry acceptance. Fax the completed reference to (918) 828-9456, or email to [volunteer@lincolnchristianschool.com](mailto:volunteer@lincolnchristianschool.com), within **seven days** of receiving the reference form.

Reference's Name (Please Print): \_\_\_\_\_

Phone Number(s): (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_

Relationship to the Applicant: \_\_\_\_\_

1) How long have you known the applicant?    1-2 years    3-5 years    6-9 years    10 or more

2) How frequent do you have contact with the applicant?  Daily    Weekly    Monthly    Other \_\_\_\_\_

3) If observed, does the applicant interact well with children?    Yes    No    Unknown  
*If applicable, please elaborate on your observations:* \_\_\_\_\_

4) If observed, do you feel this applicant is a good father/mother with his/her own children (if applicable)?  
 Yes    No    Unknown

5) Do you have any reservations regarding the applicant's character or integrity?    Yes    No  
*If yes, please explain:* \_\_\_\_\_

6) To your knowledge, do you consider the applicant honest and reliable?    Yes    No

7) Do you have any reservations whatsoever regarding the applicant volunteering with children, teenagers or adults at Lincoln Christian School?    Yes    No  
*If yes, please explain:* \_\_\_\_\_

8) Any additional comments or pertinent information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9)    **I RECOMMEND**    **I RECOMMEND WITH RESERVATIONS**    **I DO NOT RECOMMEND**

Reference's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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\_\_\_\_\_

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Reference's Signature: \_\_\_\_\_ Date: \_\_\_\_\_