



CHURCH SAFETY MINISTRY SAFETY TEAM APPLICATION

APPLICANT

NAME	DOB	ADDRESS	CITY, STATE, ZIP
EMAIL ADDRESS	CELL PHONE	HOME PHONE	

QUALIFICATIONS

- ☐ I am a member or regular attendee of the Church
- ☐ I am physically qualified to perform the duties of a Church Safety Volunteer
- ☐ I understand Church Safety Volunteers are Not Employees of Church
- ☐ I have no disqualifying criminal convictions (Policy available upon request)

REFERENCES

NAME	RELATIONSHIP	PHONE NUMBER	Office Use

LET'S GET TO KNOW YOU

Do you have any special qualifications or experiences relevant to safety or security?

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What makes you interested in joining the Church Safety Team?

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What other gifts and talents do you have to offer the Church and the Safety Ministry?

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Today's Date: _____

Signature _____

OFFICE USE ONLY

Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No	Clear Background: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____	Authority: _____
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