

Crossings Volunteer Application

My preference is: (Circle One) Cedarmore or Jonathan Creek Date: _____

Name: _____ DOB: ____/____/____
(Last) (First) (M.I.)

Social Security No: ____-____-____ Shirt Size: _____

Spouse Name: _____ DOB: ____/____/____
(Last) (First) (M.I.)

Social Security No: ____-____-____ Shirt Size: _____

Home Address: _____
(City/State) (Zip)

Phone No: () ____-____ Cell: () ____-____ Email: _____

Driver's License No: _____ Issuing State: _____

Housing Accommodations:

Personal RV (Size of Rig): _____ Type of Rig: MH 5th Wheel Trailer Other
(Circle One)

Will you need housing from us? _____ Traveling from another location? _____

Dates Available: Arrival Date _____ Departure Date _____

Previous Work, Volunteer, or Ministry Experience: _____

Church You Attend: _____ Pastor's Name: _____

Church Address: _____
(City/State) (Zip)

Church Phone: () ____-____

Who should be notified in the event of an emergency?

Name: _____ Phone No: () ____-____ Relation: _____

Do you have any specific physical or medical needs that we need to know about (allergies, dietary, etc)?

If this is your first volunteer experience with Crossings, please list the names, addresses, and phone numbers of (3) references:

1. _____
2. _____
3. _____

Due to the age in which we live, not everyone is as they appear. Due to the importance of the work in which we are involved, we must make sure that those working on our campus will not bring harm to the name of Christ. Please answer the following to help us in this matter.

1. Have you ever been convicted of a misdemeanor or felony? _____ Yes _____ No

2. Have you ever been arrested or convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor? _____ Yes _____ No

I certify that I have read and understand this application and that it is not an employment contract. I have read and understand the questions on this application and the answers I have given and statements I have made are complete and true to the best of my knowledge and belief. I also understand that any false information, including omissions and/or misrepresentations may result in the rejection of my application or my discharge at anytime during my employment. I further authorize Kentucky Baptist Assemblies, Inc. and their agents to verify any or all of this information and conduct any and all necessary background checks. I also authorize all former employers, persons, schools, churches and law enforcement authorities to release any information concerning my background and hereby release said employers persons, schools, churches, and law enforcement authorities from liability for any damage whatsoever for issuing this information. I further understand that any use of alcohol, tobacco products or illegal drugs is prohibited. If Kentucky Baptist Assemblies, Inc. deem it necessary, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during my employment. I also give permission to Kentucky Baptist Assemblies, Inc. to expressly use any photographs or video taken during my employment for the purposes of promoting the camps during this year and years to come. I also understand that volunteers receive no pay and are NOT covered by medical, accidental or workers compensation insurance.

Signature _____ Date

Spouse's Signature _____ Date

**Please mail to: Crossings Volunteer Program
P.O. Box 99918
Louisville, KY 40269**

Or fax to: 502-491-8001