

NBC Visiting Ministry Volunteer Application

Confidential

This application is to be completed by all applicants for any position (volunteer or compensated) involving visiting people on behalf of Jesus and North Beaver Creek Lutheran Church. This form is used to help the church provide a safe and secure environment for all those who take part in the visitation ministry.

BASIC INFORMATION

Name: _____ Date: _____
(Last) (First) (Middle)

(Please list maiden and other names used)

Present Address: _____

City/Village/Township: _____ State: _____ Zip Code: _____

Telephone (home): _____ (cell): _____ (work): _____

Email Address (if you use it): _____

Preferred method of communication: _____

Date of Birth: _____ Place of Birth: _____ Years in WI: _____

If less than 3 years, prior address: _____

SCREENING INFORMATION (please note that a background check may be done).

If you answer YES to any of the following questions, please explain on another sheet of paper.

Have you ever been convicted of either sexual or physical abuse? Yes _____. No _____.

Have you ever been convicted of or pleaded guilty to a crime? Yes _____. No _____.

Is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance and care of people? Yes _____. No _____.

Are you willing to commit to serve faithfully for a period of no less than one year?

This includes:

- the initial training (2 half day workshops)
- regular visits to your care receiver (monthly or a mutually agreed-upon frequency);
- monthly Small Group Peer Supervision (1.5 hours).
- regularly attend worship (at least 2x/month)

AVAILABILITY

What time(s) are you available to serve as a Visitation Minister? (please circle):

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
morning	morning	morning	morning	morning	morning	morning
afternoon	afternoon	afternoon	afternoon	afternoon	afternoon	afternoon
Evening	evening	evening	evening	evening	evening	evening

Time preferred, *if known* _____

REFERENCES

Please provide two character references.

1. Name: _____

2. Name: _____

Address: _____

Address: _____

Relationship: _____

Relationship: _____

Phone number: _____

Phone number: _____

Why do you want to become a Visitation Minister?

By signing below you are stating that the information contained on this form is correct to the best of your knowledge and that should you become a visitation minister at North Beaver Creek you intend to follow the guidelines outlined during the mandatory training sessions.

Leader's Signature: _____

Please Print Name: _____ Date: _____