## e s c o n d i d o

## Volunteer Application

Name			
Any other names used b	oy applicant (like	maiden name)	
Gender	Occupation		
Date of birth	Place of birth		
SSN	City/State Driver's license number Jumber		
	umberExpiration Date		
Address			
City	State	Zip	
Email Address			
Best Contact Number		Dо ус	ou accept text?
Marital Status	_Spouse's Name	)	/Last Name
Names and ages of min	or children		
How long have you atte	nded Cross Conn	nection Escondido?_	
Are you a born-again Christian?		Give a brief desc	ription of your conversion:
Which ministry would yo	ou like to voluntee	er in? □Bookstore □	Children's Ministry
□Connection Point □G	eeting □Hospital	lity □Parking □Refre	esh ⊡Security ⊡Usher
□Other			

I give my authorization to Cross Connection church or its representatives to verify the information on this form.

## e s c o n d i d o

## Authorization for Criminal Records Background Check

I, \_\_\_\_\_\_\_\_\_\_hereby authorize Cross Connection Escondido to request the local, state, or national law enforcement agency database or any entity chosen by Cross Connection Escondido specifically for conducting this search to release information regarding any record of charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is a local, state, or nation file, including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by state and federal law. I do release said law enforcement and other entities from all liability that may result from any such disclosure made in response to this request.

Signature of Applicant

Date

Print Name

If you are completing this document online, please initial here: