



“Called to Active Participation” SERVANT LEADER APPLICATION

Return application to the Attention of: Lucas Rivera, Associate Pastor

Date: _____

Thank you for your interest in serving at Legacy by giving of your time, talents, and gifts. Please note, all assignments are on an as needed basis and you will be notified when your assistance is needed.

PERSONAL INFORMATION

Last: _____ First: _____ Initial: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Ph: () _____ Evening Ph: () _____ Email: _____

Date of Birth: ____/____/____ Sex: Male Female

EMPLOYMENT/EDUCATION INFORMATION

Present Employer: _____ Phone: () _____

Position/Title: _____ Length at Employment: _____

Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

EDUCATION

High School Some College Associates Bachelor's Master's Doctorate Other: _____

Other Languages (*Speak and Write*): _____ Sign Language: Yes No

ACTIVE PARTICIPATION INFORMATION

Date Decided: _____ “Becoming Acquainted” Classes Completed: Yes No Date completed: _____

Spiritual Gifts Completed: Yes No Date completed: _____ Volunteered Before: Yes No

Ministries Currently Serving: _____

Ministries Served: 1) _____ 2) _____

When are you available to serve? Please indicate availability within the appropriate slot.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings							
Afternoons							
Evenings							

SKILLS INFORMATION

Please select all that apply

General Skills

Accounting
Advertising
Budgeting
Career Counseling
Child Care
Clerical - Typing _____(wpm)
Computer Technology
Cooking
Counseling
Data Entry
Dictation
Drivers
Event Planning
Filing
Food Service
Human Resources
Journalism
Law Enforcement
Lawyer
Medical Professional
MS office (*Word, PowerPoint, Excel*)
Proofing
Phone
Programmer
Public Relations
Sales
Social Worker
Web Design
Writer
Other: _____

General Facility/Maintenance

Air Conditioning
Architect
Carpets
Carpentry
Cleaning
Concrete
Construction
Drywall
Electrical
General Contractor
Heating

Landscaping

Masonry

Mechanic

Movers

Painting

Plumbing

Roofing

Small Engines

Other: _____

Art/Musical/Theatrical

Art

Camera Operator

Crafts

Desktop Publishing

Drama

Design

Graphic Design

Musician

Photography

Puppets

Script Writer

Set Design/Construction

Sewing

Singing

Sound/Mixing

Stage Hand

Video Production

Other: _____

Teaching and Assisting

Adult Education

Aerobic Instructor

Certified Weight Trainer

CPR/First Aid

Deaf Education

Elementary Education

Foreign Language

Preschool Education

Secondary Education

Sign Language Instructor

Spanish

Sport Coach

Other: _____

AREAS OF SERVICE
Please select all that apply

Events

- Community Outreach (*i.e. nursing homes, schools*)
- Conferences (*i.e. The Beholding, Spirit & Truth*)
- Off-site events (*i.e. Raymond James*)
- Staff support (*i.e. day-to-day operations*)

Event Support

- Breakdown
- Clean Up
- Crowd control/monitors
- Entertainment
- Food services
- Greeters/Information Attendants
- Hospitality

Event Support (Cont'd)

- Parking
- Registration (Servant Leaders)
- Registration (Participants)
- Runners
- Sales
- Security
- Setup
- Ushers
- Other: _____

MOTIVATION (S) AND INTEREST(S)

Please select all that apply.

Listed below are a variety of motivations and interests. These could also be described as your "Passions." What area(s) draw you toward involvement? What area(s) motivate you to action?

- Abortion
- Abuse Victims
- Addiction/Recovery
- Babies
- Career Planning
- Career Women
- Chronically Ill
- Cleaning
- Clerical
- College Students
- Counseling
- Crafts
- Deaf
- Disabled
- Discipleship
- Divorce Care
- Drama
- Elderly
- Elementary Students
- Evangelism
- Event Planning
- Financial Issues
- Floral Design
- Food Service
- Grief/Grieving
- Health
- Homeless
- Hospitality
- Hospitalized
- Infertility

- Internationals
- Jr. High Students
- Landscape
- Library
- Maintenance/Building
- Maintenance/Grounds
- Marriage
- Mentally Ill
- Minorities
- Missions
- Moms
- Music
- Parenting
- Physical Fitness
- Poor
- Practical Services
- Prayer
- Preschoolers
- Prisoners
- Sr. High Students
- Seniors
- Single Parents
- Singles
- Sports
- Teen Moms
- Terminal Illness
- Traffic Control
- Visitors
- Widows/Widowers
- Women



“Called to Active Participation” PARTICIPANT CONFIDENTIALITY FORM

Date of Application: _____

I, _____, in consideration of my volunteering with Legacy Church, Inc. (hereinafter referred to as “Legacy”), do hereby agree that any information I receive concerning Legacy during the course of my volunteering whether printed, written, or oral, shall be held in confidence and not revealed either directly or indirectly, in whole or oral, shall be held in confidence and not revealed either directly or indirectly, in whole or part, to any other person, firm, or organization and I agree not to use such confidential information for my personal advantage or that of any third party. Further, I understand and agree that Legacy will have the right discontinue my volunteer service, bring a restraining order or if necessary bring other legal action against me and obtain costs and attorney’s fees, should I violate this confidentiality agreement.

Upon the termination of my volunteer services, I agree not to disclose either directly or indirectly, in whole or part, any information concerning Legacy, which may have become known to me during the course of my volunteering.

Print Name Date

Signature Date

If volunteer is under 18 years of age:

Signature of Parent/Guardian Date

**Tampa Police Department
6980 Main Street
Tampa, Florida 33602
(813) 276.3244**

Jane Castor
Chief of Police

Brian Dugan
Police Captain

Pat Frank
Clerk of Court

CRIMINAL BACKGROUND CHECK

Last: _____ First: _____ Initial: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Business Phone: () _____ Other: () _____

Date of Birth: ____/____/____ Sex: Male Female

Social Security Number: ____ -- ____ -- ____

I authorized the Tampa Police Department to release any criminal history information pertaining to me, which may be in the files of any local criminal justice agency in the State of Florida.

Print Name Date

Signature Date

If volunteer is under 18 years of age:

Signature of Parent/Guardian Date

I understand my volunteer status with Legacy may be terminated based upon the findings of this report.

Print Name Date

Signature Date

If volunteer is under 18 years of age:

Signature of Parent/Guardian Date