



NOTHING BUT THE TRUTH

MINISTRY PARTNER APPLICATION

This Ministry Partner Application is used to help Nothing but the Truth provide a safe and secure environment for those who participate in the ministry outreach programs and activities. The information requested is needed to process your application.

DATE: ____/____/20__

PERSONAL INFORMATION

Name: _____
Last First Middle Name you go by

Present Address _____

City _____ State _____ Zip Code _____ County _____

Home Phone _____ Work _____ Cell Phone _____

E-mail address _____

Date of birth ____/____/____ Age: ____ Male Female

Do you have a personal relationship with Jesus Christ? Yes No Not Sure

Please provide details: _____

Do you have a church home? Yes No If so, where? _____

List any gifts, training, education or other factors that have prepared you to volunteer:

Have you ever been convicted of or pled guilty to a crime other than a minor traffic violation or are there any charges currently pending against you? Yes No

If yes, please explain. _____

Are there any reasons, including those that are physical or mental health-related, that might keep you from effectively working with children/student or that may cause a child potential harm?

Yes No If yes, please explain. _____

(SEE MORE ON BACK)

Have you attended the Core Value Training with Nothing but the Truth? Yes No

In consideration of the receipt and evaluation of this application by **NOTHING BUT THE TRUTH**, I agree and represent that the information contained in this form is correct to the best of my knowledge. I authorize **NOTHING BUT THE TRUTH** and/or its agents to make an independent investigation of my background, character or any and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications as a volunteer now and, during my tenure as a volunteer with **NOTHING BUT THE TRUTH**.

I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. THIS IS A LEGALLY BINDING RELEASE WHICH I HAVE READ AND UNDERSTAND.

Applicant's Signature: _____ Date: _____

Applicant's Printed Name: _____