



“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.

	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> 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?

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Abortion <input type="checkbox"/> Abuse Victims <input type="checkbox"/> Addiction/Recovery <input type="checkbox"/> Babies <input type="checkbox"/> Career Planning <input type="checkbox"/> Career Women <input type="checkbox"/> Chronically Ill <input type="checkbox"/> Cleaning <input type="checkbox"/> Clerical <input type="checkbox"/> College Students <input type="checkbox"/> Counseling <input type="checkbox"/> Crafts <input type="checkbox"/> Deaf <input type="checkbox"/> Disabled <input type="checkbox"/> Discipleship <input type="checkbox"/> Divorce Care <input type="checkbox"/> Drama <input type="checkbox"/> Elderly <input type="checkbox"/> Elementary Students <input type="checkbox"/> Evangelism <input type="checkbox"/> Event Planning <input type="checkbox"/> Financial Issues <input type="checkbox"/> Floral Design <input type="checkbox"/> Food Service <input type="checkbox"/> Grief/Grieving <input type="checkbox"/> Health <input type="checkbox"/> Homeless <input type="checkbox"/> Hospitality <input type="checkbox"/> Hospitalized <input type="checkbox"/> Infertility | <ul style="list-style-type: none"> <input type="checkbox"/> Internationals <input type="checkbox"/> Jr. High Students <input type="checkbox"/> Landscape <input type="checkbox"/> Library <input type="checkbox"/> Maintenance/Building <input type="checkbox"/> Maintenance/Grounds <input type="checkbox"/> Marriage <input type="checkbox"/> Mentally Ill <input type="checkbox"/> Minorities <input type="checkbox"/> Missions <input type="checkbox"/> Moms <input type="checkbox"/> Music <input type="checkbox"/> Parenting <input type="checkbox"/> Physical Fitness <input type="checkbox"/> Poor <input type="checkbox"/> Practical Services <input type="checkbox"/> Prayer <input type="checkbox"/> Preschoolers <input type="checkbox"/> Prisoners <input type="checkbox"/> Sr. High Students <input type="checkbox"/> Seniors <input type="checkbox"/> Single Parents <input type="checkbox"/> Singles <input type="checkbox"/> Sports <input type="checkbox"/> Teen Moms <input type="checkbox"/> Terminal Illness <input type="checkbox"/> Traffic Control <input type="checkbox"/> Visitors <input type="checkbox"/> Widows/Widowers <input type="checkbox"/> Women |
|---|--|



**“Called to Active Participation”
VOLUNTEER RELEASE FORM**

Date of Application: _____

I, _____, accept sole responsibility for any injury that I may incur during the time in which I am working as a volunteer for Legacy Church, Inc. (hereinafter referred to as “ Legacy”), I further release Legacy from any and all claims or cause of action arising from any accident or injury I may suffer during the time in which I am volunteering, except that this release shall not operate to release Legacy from any claims or causes of action which arise from any accident or injury which is due to the negligence of Legacy.

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

Stephen Hogue
Chief of Police
Chiefjeromewoods@aol.com

Manuel Norrington
Police Captain
Captmnorrington@aol.com

Debra Ann Nowak
Clerk of Court
Dnowakcourtclerk@aol.com

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