



LIGHT OF LIFE MINISTRIES / 160 Riverside Drive, Augusta, ME 04330
 Phone: 622-1340 / Fax: 623-2874 / E-mail: info@worshipradionetwork.org / Web Site: WorshipRadioNetwork.org

Thank you for your interest in volunteering for Worship Radio Network events. Enclosed is an application that will help us get to know you better. It is very important that we know you as fully as possible as we consider your place of service. God has given us a tremendous responsibility in ministering to many children and families.

This application is intended to be very thorough. Please answer each item fully and honestly. It is important that we identify your strengths as well as areas of past and present weaknesses. We recognize the fact that God can turn weakness into strength and our victory can be a very powerful testimony of God's love for us as we submit these to Him.

Please feel free to add any facts about yourself that aren't covered by this application or any comments you might have to the back of this application.

Your application will be handled in a confidential manner. Only those directly involved with the processing and evaluation of potential or current volunteers will have access to this information.

If you have any questions, don't hesitate to call our office at 207-622-1340. Thank you again for your time. Your help in this is extremely important.

PERSONAL REFERENCES:

Your pastor will be contacted. Please list three references from the Christian community. (Christian work associated, Church elder/deacon, Sunday School Teacher, Christian Education Director, Christian friends, etc.) Please DO NOT include a close relative.

	Full Name	Mailing Address (important- please supply full address: city, state & zip code)	Phone Number	Occupation
Pastor		(Please include church name unless mailing to home address)		
Christian				
Christian				
Christian				

My signature releases the people I have listed as references to furnish all information requested by Worship Radio Network. I also give the Network permission to do any other background checks that are necessary for the processing of this application and my placement as a volunteer.

Signature: _____



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VOLUNTEER APPLICATION

Name of applicant: _____

IMPORTANT: All information contained in this application and references are held in confidence. Only those directly involved with the processing and evaluation of potential or current volunteers will have access to this information.

PERSONAL DATA:

Name: _____

Phone: _____

Present address: _____

Birthday: ___/___/___ Marital Status: _____

Legal Residence: (if different) _____

Occupation: _____

Name of spouse or Fiancée: _____

Children (name, birthday & age): _____

Name & Phone of person to notify in case of emergency: _____

Have you ever been convicted as a felon? yes / no
Have you ever served time? yes / no
If yes please explain, using reverse side of form.

Church history for the past 7 years, most recent first. Please list Church name & address, date there, Pastor and reason left.

1. _____

2. _____

3. _____

4. _____

Reason for applying for the concert/event: _____

How did you come to apply as a volunteer:

___ Friend ___ Church ___ Radio

___ Fundraiser Other (please list) _____

What strengths or gifts would you bring? _____

Do you have other ministry experience? yes / no

If yes, please describe: _____

General Health:

Excellent___ Good___ Fair___ Poor___

Are you currently on medications for physical or emotional health needs? _____

Do you have any physical or emotional handicap that should be taken into account in your assignment? If yes, please describe: _____

Is there anything in your background that we should be aware of? If so, please explain on reverse side of form.

Describe briefly your spiritual life and spiritual history including significant factors in growth as a Christian and explain how you try to relate your faith to everyday experiences. Also, identify renewal and growth experiences in your life. (Please use the reverse side of this form or use another sheet of paper.)

My signature testifies that, to the best of my awareness, the information on this application is accurately represented and that I have carefully read and affirm the enclosed "Statement of Faith".

Signature: _____



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STATEMENT OF FAITH

We believe the Bible to be the inspired, the only infallible, authoritative Word of God.

We believe that there is one God, eternally existent in three persons: Father, Son and Holy Spirit.

We believe in the deity of Christ,

In His virgin birth

In His sinless life

In His miracles

In His vicarious and atoning death through His shed blood

In his bodily resurrection

In His ascension to the right hand of the Father

In His personal return in power and glory

We believe that, for the salvation of lost and sinful men, regeneration by the Holy Spirit is essential.

We believe in the present ministry of the Holy Spirit, by whose indwelling all Christians are enabled to live holy lives and live in the fellowship for mutual edification.

We believe in the resurrection of both the saved and the lost, that they are saved unto the resurrection of life, and that they are lost unto the resurrection of damnation.

We believe in the spiritual unity of believers in our Lord Jesus Christ.