



SAFETY TEAM APPLICATION

NAME	DOB	ADDRESS	CITY, STATE, ZIP

EMAIL ADDRESS	CELL PHONE	HOME PHONE

QUALIFICATIONS

- I AM A MEMBER OR REGULAR ATTENDEE OF GUNTERSVILLE FIRST BAPTIST CHURCH
- I AM PHYSICALLY QUALIFIED TO PERFORM DUTIES OF A SAFETY TEAM VOLUNTEER
- I UNDERSTAND SAFETY TEAM VOLUNTEERS ARE NOT EMPLOYEES OF THE CHURCH
- I HAVE NO DISQUALIFYING CRIMINAL CONVICTIONS

REFERENCES

NAME	RELATIONSHIP	PHONE NUMBER	OFFICE

LET'S GET TO KNOW YOU

Do you have any special qualifications or experiences relevant to safety or security?

What makes you interested in joining the Church Safety and Security Team?

What other gifts or talents do you have to offer the Church and the Safety and Security Team?

Signature _____

Today's Date _____

OFFICE USE ONLY

Approval:	Clear Background:	Date:	Auth:
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