



# VOLUNTEER PROGRAM APPLICATION

PO Box 159, Black Mountain, NC 28711 (828) 285-8477

Date\_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Rev. ☐ Dr.

Name\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_  
Last First Middle

Address\_\_\_\_  
Street City State Zip

Email \_\_\_\_\_

Positions and areas interested in Volunteering:

☐ Phone Center Operator ☐ Receptionist ☐ Clerical/Administrative

Days/Hours Available \_\_\_\_\_ Start Date \_\_\_\_\_

Special Talents and Skills: \_\_\_\_\_

Office Skills: ☐ Typing ☐ Data Entry ☐ Computer Skills ☐ Phone

Referral Source: ☐ Friend ☐ Relative ☐ Listener ☐ Church ☐ Employee

Who referred you? \_\_\_\_\_

Are you 18 years of age or older?

☐ yes ☐ no

Have you ever been employed or volunteered here before? ☐ yes ☐ no When \_\_\_\_\_

Do you know anyone who works for Blue Ridge Broadcasting? ☐ yes ☐ no Whom \_\_\_\_\_

Have you ever been convicted of a felony? ☐ yes ☐ no

Why would you like to be involved as a Blue Ridge Broadcasting volunteer? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other skills, qualifications, talents, interests, abilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special needs: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## EXPERIENCE

List any type of Christian work, volunteer experience or other information relevant to a volunteer position. \_\_\_\_\_

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## REFERENCES

Local church/fellowship \_\_\_\_\_

Pastor/spiritual leader \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
(Someone familiar with your Christian walk)

Give three other references (not family) whom you have known for more than three years.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

## BLUE RIDGE BROADCASTING VOLUNTEER PROGRAM VOLUNTEER QUALIFICATIONS

- I. ***Commitment to Christ.***  
A volunteer must be an evangelical Christian with a personal relationship with Christ.
- II. ***Commitment to the local church.***  
We will ask volunteers not to support Blue Ridge Broadcasting until their obligations to the local church have been met.
- III. ***Commitment to Blue Ridge Broadcasting.***  
A volunteer must agree with Blue Ridge Broadcasting's Mission Statement and Statement of Faith.
- IV. ***Commitment of time.***  
The amount of time required will vary greatly depending on the position and the volunteer, but a volunteer must be able to make an adequate commitment.
- V. ***Commitment to Christian lifestyle.***  
A Blue Ridge Broadcasting volunteer must be a representative of Christ in both public and private life which includes: maturity, emotional stability, healthy interpersonal relationships, financial responsibility and a stable living situation.
- VI. ***Commitment to teamwork and assigned duties.***  
A volunteer must be willing to cooperate with Blue Ridge Broadcasting's volunteer program supervision and be responsible for agreed upon time schedule and task.
- VII. ***Commitment to be a "true" volunteer.***  
A volunteer must understand and agree that their motivation for volunteering is to advance the cause of Christ without any expectation of pay, special recognition, employment or compensation.

## This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**Missions** – We involve our listeners personally and financially in God’s Kingdom work reaching beyond ourselves to impact the world for Christ.

*All employees and volunteers of Blue Ridge Broadcasting Corporation are **required** to be in agreement with our Statement of Faith, support the mission of the organization, and further these objectives in their personal and professional lives.*

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I hereby certify that the information contained in this volunteer program application and any attachment is true to the best of my knowledge and agree to have any of the statements checked by Blue Ridge Broadcasting unless I have indicated to the contrary. I authorize the references listed to provide Blue Ridge Broadcasting with any and all information concerning previous employment and any other pertinent information that they may have.

Further, I release all parties from all liability for any damage that may result from use of such information by Blue Ridge Broadcasting. I understand that a volunteer does not receive employee benefits. In consideration of my volunteer work, I agree to conform to the rules and standards of Blue Ridge Broadcasting's volunteer program. I also acknowledge that there has been no promise or expectation of employment; my volunteer participation is expressly for the purpose of benefiting the ministry and without any expectation of compensation whatsoever.

By signing this application, I give express permission for BRB to execute a background check.

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***Applicant's Signature***

***Date***



**Please return to: Blue Ridge Broadcasting Corporation Attn: Volunteer Supervisor  
PO Box 159, Black Mountain, NC 28711**

## **APPLICANT/EMPLOYEE DISCLOSURE & CONSENT FOR RELEASE OF INFORMATION**

**Please print responses to the following required information:**

**Applicant/employee name:** \_\_\_\_\_  
(First) (Middle) (Last)

**Other names used:** \_\_\_\_\_

**Current Street Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Previous Address (1):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Previous Address (2):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Driver's License State of Issue and Number:** \_\_\_\_\_  
(State of issue) (Number)

**Date of birth:** \_\_\_\_\_ **Place of birth:** \_\_\_\_\_  
(City) (State) (Country)

### **DISCLOSURE AND CONSENT CONCERNING CONSUMER REPORTS FOR EMPLOYMENT APPLICANTS AND EMPLOYMENT PURPOSES**

Please read the accompanying information carefully. This Disclosure and Consent Form has been provided to you by Billy Graham Evangelistic Association (BGEA) to request a consumer report or investigative consumer report in connection with your application for employment or in connection with your continued employment, whichever is applicable. An investigative consumer report may include information regarding your character, general reputation, personal characteristics, and mode of living, whichever is applicable.

## **DISCLOSURE STATEMENT**

You, the Applicant/Employee, acknowledge that BGEA may now, or at any time while you are employed with BGEA, verify information within your employment application, resume, or other employment-related documents. Such verification may include, without limitation, the following: driving records, workers compensation records, credit bureau files, employment references, personal references, educational and licensing institution records, and any criminal record information pertaining to you which may be in the files of any Federal, state, local or foreign criminal justice agency.

The results of this verification process may be used to determine your eligibility for initial or continued employment with BGEA. All results will be kept confidential. The information will not be provided to parties other than designated BGEA personnel, unless otherwise mandated by law.

In accordance with the Fair Credit Reporting Act, you are entitled, upon written request made within a reasonable amount of time, to receive a copy of a consumer report or investigative consumer report prepared by a consumer reporting agency, and a disclosure of the nature and scope of the investigative consumer report, if applicable.

Your signature below indicates that (1) you have carefully read this Form and that you understand that a consumer report or investigative consumer report regarding you may be requested by BGEA and reviewed for employment-related purposes, including future decisions concerning your employment, promotion, or retention as an employee, as applicable, (2) that you understand that such consent will remain in effect indefinitely until you revoke it in writing, and (3) that you understand that you have the right to revoke such consent at any time.

### **APPLICANT'S/EMPLOYEE'S CONSENT TO RELEASE INFORMATION**

I, the Applicant/Employee, understand that in consideration of my application for employment, or my continued employment, with Billy Graham Evangelistic Association (BGEA), an investigation may be conducted of my past employment and other activities. I authorize past employers, personal references, and any other persons with whom I am acquainted to answer all questions asked concerning my previous employment record, ability, character, educational background, military service, and credit history. I release all persons, including without limitation past employers, credit bureaus, and government agencies from any liabilities or damages related to furnishing such information.

In consideration of my application for employment, or my continued employment, with BGEA, I hereby authorize BGEA and/or their agents to conduct such an investigation, and release said companies, including without limitation their officers, directors, employees, agents and representatives from all liability or responsibility for this investigation, which may include, without limitation, the gathering of information regarding personal, professional and educational references, credit or consumer investigations and histories, driving histories, professional license, civil and criminal history information which may be in the files of any local, state, federal or foreign criminal justice agency.

A photocopy or telephonic facsimile (fax) of this Disclosure and Consent Form shall be valid as the original.

I, the Applicant/Employee, do hereby certify that all of the information provided by me for the purpose of employment consideration or continued employment is true and complete to the best of my knowledge. I understand that any false statements may end consideration of my employment by BGEA, or may be cause for dismissal if I am employed by BGEA.

APPLICANT: \_\_\_\_\_  
(Please type or print name)

\_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_