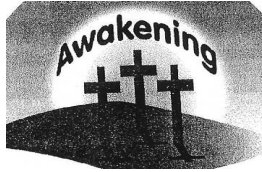


Central Indiana Awakening

Volunteer Form



Mail To: Central Indiana Awakening
P.O Box 1204
Noblesville, IN 46061

Today's Date _____

I would be willing to participate in the Awakening events or on a team in the following way(s):

In Music:

- I play an instrument...what type? _____
- I can sing
- I can dance
- Other? _____

I would like to be part of a team as a:

- Speaker
- Table Leader
- Music Leader
- Member of Agape Team
- Member of Kitchen Team
- Member of Technical/AV Team

I will help "Behind the Scenes" with:

- Set up of sleeping rooms and conference room (s) Thurs evening before an Awakening Weekend
- Tear down of the same rooms Sunday afternoon during Closing Ceremony
- Running errands or assist the Kitchen or Agape Teams for a few hours during the weekend
- Other? _____

(PLEASE PRINT)

Name: _____

Address: _____

City, State, Zip _____

Phone: (Home) _____ **(Cell)** _____ **(Work)** _____

Email Address: _____ **Current Grade:** _____

Name and number of weekend attended: (i.e Great Banquet #, Awakening #, Emmaus, Cursillo, Tres Diaz, Via De Christo, etc.) _____ Where and When: _____

PLEASE NOTE:

- 1. It is imperative that team members are in a relationship with Jesus, therefore, if you are contacted about the "possibility" of being on an Awakening team, please be prepared to explain your "walk with God".**
- 2. A background check will be completed for individuals 18 years and older wishing to participate on an Awakening team. Please complete reverse side of this form.**

Central Indiana Awakening

SELF-DISCLOSURE

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

If yes, please explain: _____

Is there anything you feel the Awakening Board should know about you before you would be asked to serve on a team? - yes - no

If yes, please explain: _____

BACKGROUND CHECK (Please enclose a check for \$10.00 made payable to HCGB for processing costs)

Legal Name: (Please Print)

Last: _____ First: _____ Middle: _____

Maiden Name (if applicable) _____

Other Name or Alias _____

SS# _____ Drivers License# _____

Date of Birth _____ Female/Male _____ Race _____
White, Hispanic, Black,
Asian, Native American,
Pacific Islander,
Other -please explain _____

If current address on the front is less than 1 year, please provide previous address:

Address: _____

City, State, Zip _____

By signing this application, I am giving permission to the Central Indiana Awakening to utilize the above information for a background check.

Printed Name of Applicant: _____

Signature of Applicant: _____ Date: _____

Printed Name of Witness: _____

Signature of Witness: _____ Date: _____

Awakening use only:
Background Check Requested: _____ Received: _____ \$10 Registration Fee Received: _____