



Volunteer Application

Full Name _____

Last

First

Middle Initial

Permanent Address _____

City _____ State ____ Zip _____

College Address (if applicable) _____

City _____ State ____ Zip _____

Home Telephone _____ Cell Phone _____

E-mail Address _____

Social Security # _____ Date of Birth ____ / ____ / ____ Gender M F

Church You Attend _____

Church Telephone _____ Church Website _____

Ministry Area – Please list the specific ministry area you are volunteering for and what position you desire to fill.

Have you been convicted of a felony? Yes _____ No _____

Explain _____

Do you have any criminal charges pending? Yes _____ No _____

Explain _____

The Vision of Push The Rock:

To be a global leader in sports ministry, impacting the world for Jesus Christ...one life at a time!

The Mission of Push The Rock:

At Push The Rock we create, develop, teach and implement adaptable, culturally relevant sports ministry concepts through an active portrayal of Christian values...in an atmosphere where the message of Christ and excellence in athletics meet!

The Core Values of Push The Rock:

We Are:

Unapologetically Christian

We Believe:

In the infallibility of Scripture

That Jesus Christ is the Savior of all by grace through faith alone

That we are to love one another as Christ loved the church

We Commit:

To honor God above all else

To share the Good News of Jesus Christ and to be fervent in seeing people come to know Him as their personal Savior

To maintain a strong focus of prayer

To use athletics as a platform for ministry

To work with the local church in sports ministry

To develop sportsmanship and Christian Character

To the discipleship of all Push The Rock campers and staff

To value each individual over any program

To follow sound financial stewardship and the Evangelical Council for Financial Accountability standards

Statement of Belief

By volunteering for Push The Rock, you are committing to uphold our vision, mission and core values in all aspects of your interaction with the event participants. You are agreeing to be proactive in presenting yourself in a way that will glorify God and not tarnish the name of His ministry. Since you are working in a ministry involving children, we need the attached “Criminal Record Check” and “Child Abuse History” forms to be filled out and returned with your application. (The “Child Abuse History” clearance will be mailed directly to you and you will need to turn it in to Push The Rock upon receiving it.)

I certify that all the information on this application is true to the best of my knowledge. I understand that any falsification of information or failure to fill out my clearances will result in my inability to work with Push The Rock.

Signature _____ Date _____

If under 18:

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name _____