

# 3/20 VOLUNTEER APPLICATION

Full Name: \_\_\_\_\_ Group name: \_\_\_\_\_

E-mail address: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

Completed background check online (anyone 18 and older)

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## Health:

1. How would you describe your health? \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Poor

2. Do you have any physical condition that may limit your ability to serve with 3/20?

3. Are you currently taking or do you regularly take any medications? If so, please explain and note which are prescription and non-prescription.

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## Additional Information:

1. Have you served with 3/20 before?  Yes  No

2. Based on your swim experience please rate yourself:

Excellent  Average  Poor  Don't swim

3. Are you lifeguard certified?  Yes  No First Aid/CPR?  Yes  No

Other \_\_\_\_\_

4. List your top three gifts/talents:

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

5. Why would you like to serve with 3/20?

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**Please write your testimony (using non church words) using the following outline:**

1. What was your life like before coming to know Christ as your Savior?
2. When did you recognize you were a sinner (define sin), confess your sin and by faith accept Jesus as your Lord and Savior?
3. How has your life been different since becoming a follower of Christ and what are your personal devotional habits?

# BACKGROUND CHECK CONSENT FORM

I, \_\_\_\_\_, hereby authorize 3/20, Inc. and/or its agents to make an independent investigation of my background, references, character, past employment, education, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Volunteer Application and/or obtaining other information which may be material to my qualifications for volunteering now and, if applicable, during the tenure of my service with 3/20, Inc.

I hereby release 3/20, Inc. and/or its agents and any person or entity which provides information pursuant to this authorization from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all formation is contained herein is true and correct to the best of my knowledge:

\_\_\_\_\_  
Applicant's Legal Name (please print)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Date of Birth