



VOLUNTEER APPLICATION FORM

This application is to be completed by all adult applicants for any volunteer position involving the care of children or youth. This is being used to help the Church provide a safe and secure environment for those children and youth who participate in our programs and use our facilities.

| PRIMARY INFORMATION | | |
|--|--------------------------------------|--------------|
| Last Name: | First Name: | Middle Name: |
| Birth Date: | Home Phone: | Cell Phone: |
| Present Address: | | |
| City: | State: | Zip Code: |
| Email Address: | | |
| Marital Status: | Spouse Name <i>(if applicable)</i> : | |
| Occupation: | Employer: | |
| Congregation Name and City: | | |
| How long have you been a part of the congregation? | | |
| What ministry or ministries are you interested in volunteering with? | | |
| What prompted you to start volunteering? | | |
| REFERENCES | | |
| Personal References <i>(non-relative over the age of 18 whom you have known for more than 2 years)</i> | | |
| 1. Name: _____ Email: _____ | | |
| Relationship: _____ Years Known: ___ Phone: _____ | | |
| 2. Name: _____ Email: _____ | | |
| Relationship: _____ Years Known: ___ Phone: _____ | | |
| 3. Name: _____ Email: _____ | | |
| Relationship: _____ Years Known: ___ Phone: _____ | | |
| Ministry References <i>Please list any previous church work that has involved children and/or youth. (if any)</i> | | |
| 1. Church: _____ Location City/State: _____ | | |
| Responsibilities: _____ Dates Served: _____ | | |
| Contact Person: _____ Contact's Title: _____ | | |
| Phone Number: _____ Email: _____ | | |
| 2. Church: _____ Location City/State: _____ | | |
| Responsibilities: _____ Dates Served: _____ | | |
| Contact Person: _____ Contact's Title: _____ | | |
| Phone Number: _____ Email: _____ | | |

ADDITIONAL BACKGROUND INFORMATION

Please list any other gifts, training, education or other factors that have prepared you to work with children or youth:

Please list any other ministries or organizations that you have been or currently are involved with:

The following questions are part of our application process in order to help provide a safe and secure environment for our children. All information is held in strict confidence. Answering yes to any of these questions may not necessarily preclude your involvement.

1. Have you ever been convicted of child abuse, a crime involving actual or attempted sexual molestation of a minor, or a crime related to child pornography? Yes No *(If yes, please explain.)*

2. Have you ever been convicted of a crime involving assault or violence? Yes No *(If yes, please explain.)*

3. Have you ever been convicted of or pled guilty to any felony or misdemeanor? Yes No *(If yes, explain and give dates of offenses.)*

If you answered yes to any of the questions above, please explain *in detail* (use extra page if necessary).

By signing my name below, I attest that all the responses and information I have provided are honest and truthful to the best of my knowledge.

Signature

Date

Please note: In addition to reference checks, all volunteers must also submit to a federal and state criminal background check and must attend Safe Church training about preventing and responding to abuse and misconduct.