

ADULT VOLUNTEER APPLICATION
Youth and Family Ministry

Indicate areas in which you are interested (circle any that apply):

Sunday School Teacher Sunday School Superintendent Nursery Attendant

Youth Leader Youth Counselor Overnight Counselor Transportation

Other (indicate) _____

Date _____ Social Security No. _____ Date of Birth _____

Name _____
(Please print)

Current address _____ Phone _____
(Please print)

Current email address _____ Cell Phone _____

Employer _____ Phone _____

Length of current employment _____ Supervisor _____

List current volunteer activities: Day(s) and time(s)

Are you certified in CPR? Yes / No Date of last certificate _____

Do you have any physical limitations that might prevent you from doing certain types of activities? Yes / No
If "yes", please explain _____

Have you been or are you currently serving as a paid staff or volunteer worker with children or youth in which you have already undergone and met screening requirements? Yes / No
If "yes", with whom? _____

Valid Driver's License Number _____ Auto Insurance provider _____

Please include a photocopy of your auto insurance card and your current, valid driver's license.

Have you ever been convicted of or plead guilty to a criminal offense against a person? Yes / No
If yes, please explain. If you wish to speak with the rostered leader of the congregation regarding this offense, please indicate. All applicants will be screened through a criminal background check, including the sexual offender registry.

Congregational Membership History and Prior Experience

Date of membership _____

If not a member, how long have you been a constituent? _____

If not a member, list other church affiliation _____

List all other child care, teaching or other child/youth work you have been involved in, either as paid staff or as a volunteer _____

References

References will be checked on new applicants, only. At least one of these references should be a current congregation member. If you have been a member or constituent of the congregation for one year or less, one of your references should be the senior pastor or associate pastor(s) at the church where you were a member before coming to this community (if it applies).

Name: _____ Position: _____

Relationship: _____ Phone: _____

Name: _____ Position: _____

Relationship: _____ Phone: _____

Name: _____ Position: _____

Relationship: _____ Phone: _____

Applicant's Statement

The information contained in this application is current to the best of my knowledge. **I give my membership congregation permission to perform a criminal background check.** In consideration of the receipt and evaluation of this application, I hereby release any individual, church, youth organization, charity, employer, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of any kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization. Should my application be accepted, I agree to be bound by the policies of this congregation. I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE, I KNOW AND UNDERSTAND THE CONTENTS OF IT, AND I SIGN THE RELEASE AS MY OWN FREE ACT. I understand that this is a legally binding agreement.

Applicant's Signature _____ Date _____

Witness _____ Date _____

ACCEPTANCE OF POLICY

By signing this document, I am stating that I have read and understand the Youth Safety Policy. I further agree that I accept it and will abide by it. If incidence of child abuse or criminal activity is proven, I understand my role as an Adult Volunteer will be terminated.

Signature of Adult Volunteer

Signature of Witness

Printed Name of Adult Volunteer

Printed Name of Witness

Date

Date

This application will be reviewed annually by the Director of Youth and Family Ministry or the Chairperson of the Youth and Family Ministry Team. Applications will be filed and held in confidence.