

Level 1 Volunteer Application

St. Paul Lutheran Church, Mount Vernon, Iowa

We are seeking to provide a safe and secure environment for those children and youth who participate in our programs and use our facilities. This form is to be completed by all volunteer workers for any position involving the instruction, supervision, or custody of minors.

We are aware that the Body of Christ is made up of many unique people and experiences. Praise God, we are all sinners saved by His grace! While it would never be our intention to judge or condemn, we believe it is our God-given responsibility (Matthew 18:6) to provide a safe and secure environment for our children. As such, we ask for your cooperation and assistance in complying with the guidelines of our Child and Volunteer Safety program.

Personal Information

Full name: _____

Address: _____

Birth date: ____/____/____ Phone: (H) _____ (C) _____

Email address: _____

Driver's License Number: _____

Church Membership

- St. Paul member (less than one year)
- St. Paul member (1-5 years)
- St. Paul member (more than 5 years)
- Non-member

Please complete this information if you are a non-member or a member for less than 5 years. This does not disqualify you from serving.

Current or former church: _____

Address: _____

Phone: _____

References

List two non-relative references whom we can contact about you and your work with children or youth.

Name: _____

Address: _____

Phone (H): _____ (C): _____

Name: _____

Address: _____

Phone (H): _____ (C): _____

Legal information

In regards to the safety and welfare of children, co-workers and others, St. Paul Lutheran Church requires that its employees and volunteers pursue moral and ethical lifestyles that reflect the Christian faith truthfully, accurately, and out of love.

You are advised that in connection with your application for volunteer service, St. Paul Lutheran Church may make an investigation of your background, references, character, and criminal history information, which may be conducted through personal interviews or which may be obtained from any federal, state or local files, including those maintained by public or private organizations, and all public records for the purpose of confirming the information contained in your application and/or obtaining information which may be material to your certification for volunteer ministry.

Are there any situations or concerns that you feel would hinder or affect your ability to serve in ministry or with children that you feel are important to share? Please explain.

Have you ever been convicted of a felony or misdemeanor?

Volunteer Ministry

Please identify the ministry in which you desire to volunteer (choose all that apply):

- Sunday School
- VBS
- Jr. High youth
- Sr. High youth
- Other

Please list any current or former church volunteer service experience involving children or youth:

Please list any current or former community work involving children or youth:

Please list any gifts, training, education, or other factors that have prepared you for this work:

The information contained in this application is correct to the best of my knowledge. I authorize references and/or churches listed in this application to give you any information that they may have regarding my character and fitness for working with children and youth.

In consideration of the receipt and evaluation of this application by St. Paul Lutheran Church, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature at any time to me, my heirs, or family on account of compliance or any attempts to comply, with this authorization, excepting only the communication of knowingly false information.

Should my application be accepted, I agree to be bound by the bylaws and policies of St. Paul Lutheran Church to refrain from unscriptural conduct in the performance of my services on behalf of their volunteer ministry.

I agree that I have read and understand the above acknowledgements and agreements and recognize all the above as conditions of ministry.

Date: ____/____/____ Applicant's signature: _____

Driving Record

(To be completed only if the applicant desires to transport children or youth)

Driver's Name: _____

Driver's License Number: _____

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months:

Date	Offense	Location	Type of vehicle
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____

- I certify that I have not been convicted or forfeited bond or collateral on account of any violations required to be listed during the past 12 months.

Driver requirements:

- Must be 21 years of age, have a valid license, insurance, and liability per church insurance requirements.
- Must show ministry/event leader your license.
- St. Paul Lutheran Church, its staff, and its ministry/event leaders reserve the right to ask someone not to drive at any time.
- Youth should not drive themselves during an event unless extenuating circumstances arrive or parents request it. In such a case, they may only drive themselves unless permission is granted by parents.

Driver expectations:

- Obey all traffic laws and drive responsibly.
- Drive the posted speed limit.
- Do not smoke in the vehicles while children or youth are present.
- Do not play offensive music, even if children or youth suggest it.
- Do not text or use applications on cell phones or other electronic devices while driving.
- Limit talking on cell phone to communicating with the leader or drivers for that event.
- Refrain from eating while driving. Please plan to eat before or ask if the ministry/event leader will provide time for you to eat.

Date: ____/____/____ Driver's signature: _____

Office Use Only

Application received: ____/____/____

Interview: ____/____/____

Background check: ____/____/____ Approved Not approved

Training: ____/____/____

All information pertinent to the above driver's safety of operations, including any above listed violations, have been reviewed for the past 12 months.

Yes No

Date reviewed: ____/____/____ Reviewer: _____

- Approved:
 - Level 1
 - Level 2

Recommended ministry areas: _____

Safety program 36 month review date: ____/____/____

- Not approved

Comments: _____

Date: ____/____/____ Reviewer signature: _____