

# Level 2 Volunteer Application

## St. Paul Lutheran Church, Mount Vernon, Iowa

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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 or other ID: \_\_\_\_\_

### 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: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Parent's signature: \_\_\_\_\_

**Office Use Only**

Application received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Interview: \_\_\_\_/\_\_\_\_/\_\_\_\_

Background check: \_\_\_\_/\_\_\_\_/\_\_\_\_      Approved      Not approved

Training: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved

Recommended ministry areas: \_\_\_\_\_  
\_\_\_\_\_

Safety program 36 month review date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Not approved

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_      Reviewer signature: \_\_\_\_\_