**CHURCH**

**LOGO**

**HERE**

**CONFIDENTIAL VOLUNTEER APPLICATION**

**WORKING WITH MINORS**

**Your Ministry of interest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Personal Information**

**Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Maiden/Other names:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Last, First Middle Initial**

**Sex: M F Date of Birth \_\_\_/\_\_\_/\_\_\_\_ SS# \_\_\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_\_\_**

**Current Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Previous Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you ever lived outside (State of Church)? \_\_\_Yes \_\_\_No. If so, when: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and what state\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Numbers: Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Church Leader Reference: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Personal references. Please provide THREE (3) character references that meet all of the following:**

**• Has personally known the applicant a minimum of FIVE (5) YEARS, Is 18 years of age or older, Is not a relative or a Church staff member, Does not reside at the same address as any of the other references**

**1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship/Years known:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best time to call\_\_\_\_\_\_\_\_\_\_\_\_**

**2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship/Years known:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best time to call:\_\_\_\_\_\_\_\_\_\_\_\_**

**3. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship/Years known:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best time to call:\_\_\_\_\_\_\_\_\_\_\_\_**

**Personal Background**

**1. When working in your ministry of interest, are there any physical limitations or other conditions that would prevent you from performing certain types of activities? \_\_\_\_Yes \_\_\_\_No**

**If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. Have you ever participated in, or been accused of, convicted of, or plead guilty or no contest to abuse or any sexual misconduct, molestation, or any other sexual or assaultive crime? \_\_\_Yes \_\_\_No**

**3. Have you ever been counseled for any of the situations described in item two (2) above? \_\_\_Yes \_\_\_No**

**4. Are you aware of any traits or tendencies that you possess that could pose any threat to children, youth, or adults with disabilities? \_\_\_\_Yes \_\_\_\_No**

**5. Would you like a pastor to call you to discuss your answers to the above questions? \_\_\_Yes \_\_\_No**

**Church History**

**How long have you attended services? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you a member? \_\_\_\_Yes \_\_\_\_No**

**What are you participating in at Church Name?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Our policies require that anyone who wishes to volunteer with minors or disabled adults must have verifiable participation of at least six months or more at Church Name.**

**Applicant’s Statement**

**The information contained in this application is complete and correct. We, the undersigned, give our authorization to Church Name or its representatives to release any and all records and information relating to working within my child's chosen ministry of the church. The church may also contact my references. I authorize any references listed to give you any information they may have regarding my character and fitness for work with minors in the church. I release all such references from liability from any damage that may result from such evaluations to you and I waive any right to inspect these references. I authorize Church Name to perform a criminal background check now and as needed in the future to update my records for arrests, convictions, or other information any law enforcement agency may have regarding me and I release such information to Church Name.**

**I release Church Name and the above-mentioned references and agencies from any liability or damages resulting from the release of this information. I waive any present or future claims of privacy resulting from the release of this information for qualifications of volunteer work at Church Name.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_Applicant Signature /Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant Printed Name**