

Liberty Mills Church of the Brethren (LMCOB)  
PO Box 101  
103 North 3<sup>rd</sup> Street  
Liberty Mills IN 46946  
260-982-6169

Thank you for applying to be a volunteer in children's ministry. This application is to be completed by all applicants for any position (volunteer or compensated) involving the supervision or custody of minors. Our ministry continues because of people like you. In order to safeguard the well-being of participants served, LMCOB will investigate the accuracy of the data provided in the application process for all volunteers. This investigation will possibly include, but is not limited to, reference checks with past employers, educational institutions, volunteer organizations, civic groups, and law-enforcement agencies. This information is confidential and is being used to help the church provide a safe and secure environment for those children and youth who participate in programs and use our facilities.

Please complete the following as complete as possible.

**PERSONAL**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

STREET: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE (Check one)

OCCUPATION: \_\_\_\_\_

**CHURCH HISTORY**

- List name and address of the church which you are currently a member and its pastor:

Church Name: \_\_\_\_\_

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

Pastor: \_\_\_\_\_

Number of Years/months attended \_\_\_\_\_

- List name and address of other churches you have attended regularly during the past 5 years and the pastor of each:

Church Name: \_\_\_\_\_ Church Name: \_\_\_\_\_

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

Pastor: \_\_\_\_\_ Pastor: \_\_\_\_\_

Number of Years/Month attended \_\_\_\_\_ Number of Years/Months attended \_\_\_\_\_

Office Use
Date Received _____ Date Processed _____ References Checked _____
Background Investigation Completed _____ Confirmation Sent _____
Copies to Work Areas _____

WHY DO YOU WANT TO VOLUNTEER FOR CHILDREN'S MINISTRY AT LMCOB?

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**Training/Experience**

1. Describe your faith journey and relationship with Jesus Christ this past year.

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2. List previous Church work involving children and youth. (Identify church and type of work).

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3. List previous work outside the church involving youth and children.

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4. List any gifts, callings, training, education, or other factors that have prepared you or will be helpful for you in children/youth work.

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5. Have you any physical handicaps or conditions preventing you from performing certain types of activities relating to youth or children work? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please explain:

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**REFERENCES (No Relatives Please)**

- 1) NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_
- 2) NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

**VOLUNTEER HISTORY:** If no volunteer history, check N/A \_\_\_\_\_ N/A

Organization \_\_\_\_\_ Location \_\_\_\_\_

Phone \_\_\_\_\_ Responsibilities \_\_\_\_\_

Supervisor \_\_\_\_\_ Dates volunteered: from \_\_\_\_\_ to \_\_\_\_\_

### **SOCIAL NETWORKING SITES**

With the increased use of social networking sites , we reserve the right to check out an individual's site as part of the reference check.

Do you have a site? \_\_\_\_\_yes \_\_\_\_\_no Site address: \_\_\_\_\_

### **AUTHORIZATION TO CHECK CRIMINAL RECORDS**

I, \_\_\_\_\_ attest that I have not been convicted of a violent crime or crimes against children. I authorize Liberty Mills Church of the Brethren to receive information from any law-enforcement agency, including police departments and sheriff's departments, of this state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children. I understand that such access is for the purpose of considering my application as a volunteer or employee, and that I expressly **DO NOT** authorize Liberty Mills Church of the Brethren, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation. I am aware that a prior conviction will not necessarily bar me from employment/service.

Signed \_\_\_\_\_ Date \_\_\_\_\_

DL # \_\_\_\_\_ Date of Birth \_\_\_\_\_

### **APPLICANT'S STATEMENT**

I certify that the information contained on this application is correct to the best of my knowledge and understand that any omission or erroneous information is grounds for dismissal. I authorize any references or churches listed to provide any information that they may have regarding my character and fitness for children/youth work. I release all such references from liability for any damages that may result from furnishing such evaluation. I agree to support and uphold the mission of LMCOB. I also agree to operate under the policies and procedures of Liberty Mills Church of the Brethren.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_