



Volunteer Policy & Registration Form

Purpose

Thank you for expressing your interest in volunteering! The purpose of this registration form is to enable ministries to carry out the mission of the Davison Free Methodist Church while protecting children, students, adults, and volunteers who serve.

Volunteer Policy

- A prospective volunteer must be in attendance for a minimum of four months on a regular basis, which is defined as a minimum of two times per month.
- Any individual who volunteers for ministries that serve minors (under age 18) and vulnerable adults (i.e. disabled adults, nursing home residents, etc.) shall agree to the following prior to being allowed to participate in any activity or ongoing program:
 - a. Submit a *volunteer registration form*.
 - b. Shall be screened through Protect My Ministry (Background Checking Service)
 - c. May be screened through the Internet Criminal History Access Tool (ICHAT) if determined necessary.
 - d. Shall agree to refrain from any unscriptural conduct while fulfilling the responsibilities of service to the church.
- Additionally, parent(s) or guardian(s) of children or youth who are registered sex offenders:
 - a. May attend events when his or her child is participating, but may not have any contact with children.
 - b. May not be a chaperone, provide childcare, or serve in a ministry where there is direct contact with children and youth.
- Screening of prospective volunteers through Protect My Ministry and (ICHAT) shall be conducted in full confidence by a designated member of the pastoral ministry staff.
- All registration forms shall be held in full confidence and treated with the utmost respect. Our Administrative Board has mandated strict criteria for the treatment and storage of Confidential Documents. At all times, this information will be stored in a central file under a double locked system (in a locked file located in a locked office). No access is permitted without proper authorization.

The questions contained herein are not designed to offend or pass judgment, but rather to create a fun, safe, and secure environment for those we serve and everyone who volunteers. If you must answer affirmatively to any of the questions on the following pages, we may contact you for a personal interview. Please be assured that answering affirmatively does not necessarily preclude you from serving.

Volunteer Registration Form

Name: _____ Telephone: _____

Address: _____ City: _____ State _____ Zip _____

For which area of ministry are you volunteering? _____ Children _____ Youth _____ Adults

Personal History

Please check accordingly: _____ Single _____ Married _____ Divorced _____ Widowed

Do you have children? _____ Yes _____ No If yes, how many? _____ Children

Have you ever been concerned that you may have an addiction to drugs, alcohol, pornography, or any other addiction; or has anyone ever suggested that you may have a problem with any of the above? _____ Yes _____ No

Have you ever been convicted, or pleaded guilty to a felony? _____ Yes _____ No

Have you ever been accused, charged, alleged to have or have you ever committed any act of neglecting, abusing, molesting, or battering any child or adult? _____ Yes _____ No

Have you ever been treated for a psychiatric disorder? If yes, explain: _____ _____ _____ _____
_____ Yes _____ No

Has there been any abuse in your family background with drugs or alcohol or that was emotional, physical, or sexual in nature? _____ Yes _____ No

Have you ever voluntarily left or been asked to leave a role within an organization due to a concern regarding inappropriate conduct with minors or adults? _____ Yes _____ No

Is there any circumstances or pattern in your life, which would make it inappropriate for you to serve with minors or vulnerable adults, or would compromise the integrity of the Davison Free Methodist Church? _____ Yes _____ No

Do you wish to meet with a member of our pastoral staff? _____ Yes _____ No

Church History and Prior Work with Children or Youth

How long have you attended the Davison Free Methodist Church? _____

Name and address of churches you have previously attended during the past 10 years:

Church: _____

Church: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

What skills or work experience do you possess for volunteering with children, youth or adults? _____

Spiritual Journey

Have you accepted Jesus Christ as your Lord and Savior and are you committed to having His Spirit work in and through you? _____ Yes _____ No

Please write a brief summary of your faith journey, when you first committed to seeking Christ with your life and your relationship with Him now:

Personal Statement

The information contained in this form is correct to the best of my knowledge. I authorize any references or churches listed in this application to give any information that they may have regarding my character and appropriateness for working with minors or vulnerable adults. I will hold anyone harmless who in good faith provides you information regarding me. I understand that the decision for whether or not I will be allowed to volunteer serving minors or vulnerable adults is at the discretion of the pastoral ministry staff and under the oversight of the Administrative Board. Should I be affirmed as a volunteer, I agree to be bound by the policies of the Davison Free Methodist Church, and to refrain from any unscriptural conduct while fulfilling the responsibilities of service to the church.

Also, I hereby request and authorize the release of any information which pertains to any record of convictions contained in law enforcement files or in any criminal file maintained on me whether local, state, or national. I hereby release local, state, and national law enforcement agencies from any and all liability resulting from such disclosure.

I have fully read the foregoing release, volunteer policy, and information contained within this registration form and understand this is a legally binding agreement. I sign this release as my own free act.

Print Applicant's Full Legal Name _____

Print Maiden Name or Any Aliases _____

City, State and Country of Birth _____ / _____ / _____

Date of Birth: _____

Driver's License: Yes No License #: _____

Social Security Number (optional) _____

Signature: _____ Date: _____

For Office Use Only

PMM _____	Pastoral Staff _____	Date: _____
ICHAT _____	Pastoral Staff _____	Date: _____
Meeting _____	Pastoral Staff _____	Date: _____