

Children's/Youth Program Volunteer Application-Adult

Complete this form, print, sign and give to the Serve Team Leader.

Personal Information:

Name: _____
Last First Middle Initial

Address: _____
Street City State Zip Code

Phone- Home: _____ Cell: _____

Birthdate: _____

Email: _____

Do you regularly attend Midland Nazarene? **Y or N** If so, for how long? _____

List training, spiritual gifts, education, experiences working with children and/or youth, or any other experiences which have prepared you for service in this capacity: _____

Have you at any time ever:

Been arrested for any reason?	Yes	No
Been convicted of or pleaded no contest to any crime?	Yes	No
Engaged in, or been accused of, abuse (physical, sexual or emotional) of a child?	Yes	No

I am interested in working with the following age group (check all that apply):

Infants Toddlers Preschool Elementary Youth MOPS

Please provide the following information for 2 references (non-family members) that can attest to your experience working with children/youth (not required for renewal):

NAME	PHONE NUMBER	EMAIL ADDRESS
_____	_____	_____
_____	_____	_____

Application Verification and Release:

I recognize that Midland Nazarene is relying on the accuracy of the information contained herein. Accordingly, I attest and affirm that all of the information that I have provided is absolutely true and correct.

I voluntarily release Midland Nazarene and any such person or entity listed herein from liability involving the communication of information relating to my background or qualifications. I further authorize Midland Nazarene to conduct a criminal background check in accordance to the policy set forth.

I have carefully read the Policy and Procedures (as outlined online at www.midlandnaz.org), and I understand and agree that if a volunteer opportunity is offered, my volunteer experience is for no definite period and may be terminated for unsatisfactory performance or repeated infraction of the rules, regulations and/or policies. I will also treat all information to which I have access in a confidential manner.

Signature: _____ Date: _____

TO BE COMPLETED BY SERVE TEAM LEADER:

This application is (circle one) **NEW** **RENEWAL**

_____ Applicant interviewed (not req'd for renewal)

_____ References contacted (not req'd for renewal)

_____ Church Policy Orientation conducted

_____ Central Registry Clearance form attached

_____ Recommended for further processing

Serve Team Leader Signature: _____ Date: _____