

# Children & Youth Ministry Volunteer Application Form

*Spokane First Free Methodist Church cares deeply for our children and youth. It is our mission to lead them into a growing relationship with Jesus Christ. We are seeking to provide a safe and secure learning environment for those children and youth who participate in our programs and use our facilities.*

*This application is to be completed by anyone desiring to serve in any position in Children and/or Youth Ministry at Spokane First Free Methodist Church.*

*All information is held in confidence by FFMC Staff.*

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

Occupation: \_\_\_\_\_

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

Member of FFMC: \_\_ Yes \_\_ No \_\_ In Process

Marital Status: \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_ Circle: Male or Female

Spouse's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Anniversary Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Work Phone: \_\_\_\_\_

How long have you attended FFMC? \_\_\_\_\_

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

Best Time to Contact You: \_\_\_\_\_

1. What is your definition of a Christian?
2. Briefly share when and how you became a Christian and your present relationship with Jesus Christ:
3. How often do you attend worship service?
4. What small group(s) are you involved in?
5. What activities/ministries of our church are you presently involved in?
6. Why do you desire to serve Children or Youth Ministries at FFMC?
7. List the name and address of churches you have attended regularly in the past five years:

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8. What leadership/volunteer experience have you had with children? List all previous church work or other work involving children and youth (Identify place, type of work, dates):

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9. Have you ever been convicted of any crime and/or had findings made against you in any civil adjudicative proceedings? \_\_\_ Yes \_\_\_ No

10. Have you ever had both a conviction and finding made against you? \_\_\_ Yes \_\_\_ No  
(If you answered "yes" to either question 10 or 11, please explain on the back of this page)

11. Please describe anything we need to know about you, your health, etc.:

12. Please list three to four people (non-relatives) that you know well and can recommend you for ministry to children and/or youth:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Statement of Expectations:

The information contained in this questionnaire is correct and complete to the best of my knowledge. I authorize any references or churches listed in the application to give FFMC any information (including opinions) that they may have regarding my character and fitness for children or youth work. In consideration of the receipt and evaluation of this form by First Free Methodist Church of Spokane, I hereby release any individual, church, youth organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind of nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization. If the person or organization providing information about me requests that such information be kept in confidence, I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this form.

Should I be accepted for involvement, I agree to be bound by the Bylaws and polices for First Free Methodist Church of Spokane, and to refrain from unscriptural conduct in the performance of my ministry on behalf of FFMC.

I have read the *First Free Methodist Church Child Protection Handbook* and fully understand the "Behavior Policy", "Prevention Guidelines", "Reporting Procedures", and "Discipline Guidelines" therein described.

I further state that I have carefully read the foregoing release and I know the contents thereof, and I sign this release as my own free act. This is a legally binding agreement which I have read and understand.

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

\*Underage Helpers (17 years and under) – Please have your parents sign also:

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

# National Background Investigation Consent

## SPOKANE FIRST FREE METHODIST CHURCH

I understand that a consumer report (background screening report) and/or an investigative consumer report (reference checks and/or interview) that may include information from public or private sources regarding my character, driving records, criminal history, court records (both civil and criminal), qualifications and experience, work habits, and/or other information relevant to my volunteer service may be obtained in connection with my application as a volunteer with Spokane First Free Methodist Church (FFMC).

I understand that, if I am approved for volunteer service by FFMC, this background check authorization will be kept on file and may be used at any time during my service to procure further information when, in judgment of FFMC, such may be necessary.

I hereby release and discharge to the extent permitted by law, FFMC, its employees, any individuals or agency obtaining information for FFMC, and any personal or professional reference, from any and all claims, damages, losses, liabilities, costs, or other expenses arising from the retrieving, reporting and/or disclosure of information in connection with this background investigation.

I understand that I am volunteering my services and declare in no way shall I be considered an employee or subcontractor or independent contractor of FFMC.

By signing below, I, \_\_\_\_\_, have read, understand and consent to the above. I further authorize that a photographic copy or a telephonic facsimile of this document shall be valid for purposes present and future. My signature below certifies that all information I have provided in connection with this background check is true, accurate and complete to the best of my knowledge.

I understand that I have specific prescribed rights as a consumer under the Fair Credit Reporting Act and may have additional rights under relevant state laws. I hereby certify that I have read the Summary of Rights under the Fair Credit Reporting Act located at

<http://www.ftc.gov/bcp/online/pubs/credit/fcrasummary.pdf>

Print Name (Last, First, Middle):		Social Security #:	
Date of Birth:	Driver's License #:		Licensing State:
Any other names I have been known by:			
Present address:			
Former Addresses (last 10 years):			
Signature:		Date:	



5. To the best of your knowledge, has the applicant ever been involved in any kind of conduct or activity that indicates that he or she might mistreat, molest, or abuse a child? (Circle one)

No    Yes    (If yes, please explain below)

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6. What is your overall recommendation?

\_\_\_\_\_ I recommend the applicant for youth work.

\_\_\_\_\_ I believe the applicant is unsuited for youth work.

7. Is there anything else we should know about this person before putting him/her in a position of trust with youth and children?

No    Yes    (If yes, please explain below)

8. Do you know of anyone we should contact for a reference?

No    Yes    (If yes, please list below)

9. Please feel free to provide additional information below or on a separate sheet of paper.

**Thank you for your assistance.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



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No    Yes    (If yes, please explain below)

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9. Please feel free to provide additional information below or on a separate sheet of paper.

**Thank you for your assistance.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_





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**Thank you for your assistance.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

