**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Presbyterian Church**

Form B1

**Volunteer Application to Work with Children, Youth or Vulnerable Persons**

Name Race

Preferred Name\_ Date of Birth Gender

Address

City State Zip

Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone ( ) Work Phone ( ) Cell ( )

Emergency Contact Name Phone ( )

How long have you been a member of \_\_\_\_\_\_\_\_\_\_\_\_\_ Church?

Place of Employment Years in this Job

Position/Responsibilities

Church Attended Previously Years Attended

Pastor’s Name Daytime Phone ( )

Can you make a one-year commitment to this volunteer role?

Have you ever been convicted of a crime, either a misdemeanor or a felony (including but not limited to drug- related charges, child abuse or neglect, other crimes of violence, theft, or motor vehicle violations? Circle one: NO YES

If yes, please fully explain:

Why would you like to volunteer as a worker with minors or vulnerable persons?

What qualities do you have that would help you work with minors or vulnerable persons?

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Form A-1

What training have you received in the care and nurture of children, youth or vulnerable persons?

***For those who are younger than 19 years old - Parent/guardian must sign below:***

I know of no reason or concern that would negatively affect my child’s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ability to work

 *Name of applicant*

with minors or vulnerable persons in a volunteer capacity. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 *Signature of parent/guardian*

***For those 21 and older who might be transporting children:***

Do you have a valid driver’s license? Any restrictions?

Do you have vehicle liability insurance? If so, are you willing to provide a copy of your coverage for the Church files?

Have you had more than 3 driving violations in the last 5 year period?

**References**: Please list two personal references (people who are not related to you by blood or marriage) and provide complete address, phone contacts information for each. References are confidential.

1. Name Relationship to Reference

Address \_City \_State Zip

Daytime Phone ( ) Evening Phone ( )

How long has this person known you?

1. Name Relationship to Reference

Address \_City \_State Zip

Daytime Phone ( ) Evening Phone ( )

How long has this person known you?

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Form A-2

### Volunteer Application Signature Page

I represent that each of my responses on the Volunteer Application Form is truthful and accurate.

*Signature of Applicant Date*

### Waiver and Consent

I, , hereby certify that the information I have provided on this volunteer application is true and correct. I authorize Southminster Presbyterian Church to verify the information I have provided on this application by contacting the references and employers I have listed, by conducting a criminal background check or by other means, including contacting others whom I have not listed. I authorize the references and employers listed in this application to give you whatever information (including opinions) they may have regarding my character and fitness for the job for which I have applied. Furthermore, I waive any rights I may have to confidentiality to the extent that it may be harmful to myself or others.

I have read this waiver and the entire application, and I am fully aware of its contents. I sign this consent freely and under no duress or coercion.

*Signature of Applicant Date*

*Signature of Witness Date*

I, , the undersigned hereby authorize Southminster Presbyterian Church to request appropriate law enforcement authorities to release information regarding any record of charges or convictions contained in their files, or in any criminal file maintained on me, whether said file is local, state, or national, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent provided by law. I release said authorities from all liability resulting from such disclosure.

Signature of Applicant \_Date

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**FOR SAFE SANCTUARY USE ONLY**: Copy of background check report should remain in individual’s file APPROVED: DATE \_

*Signature of church representative*

NOT APPROVED: DATE

*Signature of church representative*

*Reason for not being approved:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_