

_____ Presbyterian Church
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?

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

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? _____

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
with minors or vulnerable persons in a volunteer capacity. _____
Name of applicant
Signature of parent/guardian

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? _____

2. Name _____ Relationship to Reference _____

Address _____ City _____ State _____ Zip _____

Daytime Phone (____) _____ Evening Phone (____) _____

How long has this person known you? _____

**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 _____

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: _____
