

Volunteer Application

for Working with Children / Youth

Please complete the attached 3 pages; Sign pages 2 and 4

Volunteer Application for Working with Children / Youth

For Volunteers Age 18 & Older

Please remember to sign and date your application. If you are applying for any position involving work with children / youth, please also complete the required additional information on the reverse side.

Legal Name: _____
Last First Middle Initial

Marital status: _____ Spouse's Name: _____

Name(s) of children with ages: _____

Home Phone: (____) _____ Cell / Pager: (____) _____

Work Phone: (____) _____ Best time to call: _____

E-mail Address: _____

Emergency Contact: _____ Phone: (____) _____

Place of Employment: _____ How Long Employed: _____

Have you accepted Jesus Christ as your Savior? Yes No When? _____

How long have you attended Grace Community Church? _____ Are you in a small group? _____

Are you a member of the church? Yes No In Process

List any leadership/volunteer experience you have had: _____

List any training, education or spiritual gifts that have shaped you: _____

Are you CPR/First Aid Certified? _____

List any other church ministries in which you are involved: _____

Do you have any physical handicaps or conditions preventing you from performing certain types of activities?

Yes No If yes, please explain _____

Signature – By signing this application, I certify that all of the information contained above is true, correct and complete to the best of my knowledge and belief.

Signed - _____ Date: _____

Authorization for Release of Information

~~Confidential~~

Applicant Information (Please print legibly.)

Volunteer Employee

Biographical Data

Name: _____
Last First Middle Initial

Date of Birth: (Mo/Day/Year) ____ / ____ / ____

Place of Birth: City: _____ County: _____ State: _____

Social Security Number: ____ / ____ / ____

Current Address: _____
Street City State Zip

Telephone number: (____) _____

Driver's License Number: _____ Issuing State: _____

List previous addresses within the past five years (attach a separate sheet if necessary).

Address: _____
Street City State Zip

Address: _____
Street City State Zip

Address: _____
Street City State Zip

Release to do Reference Checks and Criminal Records Check

I authorize my references, present and past employers, and churches listed in this application, to give this church any information they may have regarding my character and fitness for child care and youth work, or other volunteer ministry or employment.

This release and authorization acknowledges that this church may now, or at any time while I am employed or work as a volunteer, obtain and use a "background report" about me, which may include verification of my education, previous employment/work history, driving record, and criminal record that may be in the files of the federal, state, or local criminal justice agency in any state. A photocopy or fax of this Authorization and Consent for Release of Information shall be valid as the original. The results of this verification process will be used to determine employment or volunteer eligibility. All results will be kept CONFIDENTIAL. The information obtained will not be provided to any parties other than to designated church personnel.

I authorize a criminal background check organization, and any of their agents or designated company personnel, or a police department to release to this church any information that pertains to any record of convictions in its file or in any criminal file maintained on me, whether local, state, or national, and to disclose orally and in writing the results of this verification process to authorized representatives.

I do hereby agree to forever release and discharge this church and their associates, and all such individuals, employers, churches, and organizations, to the full extent permitted by law, from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint arising from the retrieving and reporting of information.

In the event that information from the background report is utilized in whole or in part in making an adverse decision with regard to my application, before making the adverse decision, the church will provide me with a copy of the report and a description in writing of my rights under the law.

*I hereby authorize **Grace Community Church** to obtain a background report of me.*

REQUIRED - Personal Background information:

Have you ever been convicted of a crime?

Yes No If yes, please explain _____

Have you ever been accused, arrested or convicted of child abuse, neglect, or a crime involving actual or attempted sexual molestation of a minor or other sexually related crime?

Yes No If yes, please explain _____

Do you use illegal drugs?

Yes No

Have you ever been hospitalized or treated for alcohol or substance abuse?

Yes No

Are there any circumstances involving your lifestyle or your background that would call into question your ability to work with children?

Yes No Please explain: _____

Applicant's Name Typed or Printed: _____

Applicant's Signature: _____ Date _____