

Volunteer Service Application

— Confidential —

Welcome! Thank you for considering serving with our ministry. Children's safety is our top priority. Thoroughly screening our applicants is one important step we take to accomplish this goal. Thanks for taking just a few minutes to fill out this form. Please let us know if you have any questions about this screening process. Again, thanks for partnering with us in our ministry!

Personal Information

Today's date _____ Name _____

In what position do you desire to serve in our children's/youth ministry? _____

Address _____

City _____ County _____ State _____ Zip _____

Home Phone: () _____ Work: () _____ Cell: () _____

Email address: _____ Birthdate: _____

1. How long have you attended Gethsemane Church of Christ? _____ years _____ months

Member _____ Regular Attendee _____

2. Why do you want to serve in this ministry? _____

3. List any training or previous experience you have had in a similar position (including youth organizations, youth sports, etc.) : _____

Driving Information

4. Complete this portion if you will drive a vehicle as part of your volunteer service to the ministry. Clearance must be obtained from the ministry's insurance carrier before you drive any ministry vehicle.

Driver's License Number _____ State of Issue _____ Exp. Date _____

Type of License:

Operators Commercial Chauffeur Other (please specify) _____

Do you have any restrictions on your driver's license?

Yes No If yes, please note here: _____

Driving Information continued

Have you been involved in any motor vehicle accidents while driving during the past five years?

Yes No If yes, please describe each accident on a separate sheet of paper.

Have you ever been convicted of any moving violations during the past five years?

Yes No If yes, please describe each conviction on a separate sheet of paper.

Do you carry liability insurance on your automobile?

Yes Please identify the insurance company: _____

No Do not drive as a volunteer. All volunteer drivers must have liability insurance coverage.

References

List two references from within Gethsemane Church of Christ or a sister congregation. References must meet the following criteria: must be over age 18; must not be a relative; must be able to speak to your ability to serve young people; must have known you for at least one year.

A. Name _____ How do you know this person? _____

Length of time you've known this person _____

Address _____ City _____ State ____ Zip _____

Home Phone: () _____ Work: () _____ Cell: () _____

Email address: _____ Birthdate: _____

B. Name _____ How do you know this person? _____

Length of time you've known this person _____

Address _____ City _____ State ____ Zip _____

Home Phone: () _____ Work: () _____ Cell: () _____

Email address: _____ Birthdate: _____

I hereby represent and warrant that the information contained in this application is correct and complete to the best of my knowledge. I authorize any references identified in this application to give you any information (including opinions) regarding my character and fitness for volunteer service. In consideration of the receipt and evaluation of this application by the church, I hereby release the ministry with which I am applying to volunteer and all of directors, officers, employees, agents, and volunteers, and any individual, church, para-church organization or official, reference, or any other person or organization, including record custodians, both collectively and individually, and whether or not identified in this application, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, relating to the obtaining, communication, and use of information about me or relating to this authorization on account of compliance or any attempts to comply with this authorization, excepting only the communication of knowingly false information. I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding release which I have read and understand. I understand that I may consult with an attorney before signing this document. A facsimile or photocopy of this authorization shall be as valid as the original. I further understand that a criminal records check may be conducted on me, and I consent to any such check.

I (check one of the following two options): waive do not waive — any right that I may have to inspect any information provided about me by any person or organization described above. I have read and understand the above provisions, and agree to them.

Signature

Date

RETURN TO:

Name _____ Church _____

Address _____

City _____ State _____ Zip _____ Telephone () _____