

CONFIDENTIAL

VOLUNTEER APPLICATION SECOND PRESBYTERIAN CHURCH

This application is to be completed by all applicants for volunteer work involving the supervision or custody of minors. It is being used to help the Church provide a safe and secure environment for those children and youth who participate in our programs and use our facilities.

GENERAL INFORMATION

Name _____
Last First MI

Address _____ City _____ State _____ Zip _____
(If at this address less than 3 years, give previous address)

Home Phone () _____ Work Phone () _____

Are you over 18 years of age _____ under 18 years of age _____ Social Security # _____

MINISTRY INFORMATION

How long have you attended church? _____ At Second? _____

Have you served in this church or others before? _____ under what capacity and for how long?

If at another church, please furnish name and address of church _____

REFERENCES

List three people you've known for at least one (1) year who have a definite knowledge of your character and qualifications to work with children. (Do not list persons related to you by blood or marriage.)

1. Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

2. Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

3. Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

CONFIDENTIAL

PRESENT EMPLOYMENT

Employer _____ Phone _____

Address _____ City _____ State _____ Zip _____

Supervisor _____ Employment dates _____ to _____

Your Position _____ Job Description _____

PAST EMPLOYMENT – Give names and addresses of all employers for the last ten years.

CRIMINAL HISTORY

1. Have you ever been convicted of, plead guilty or plead no contest to, any crime, misdemeanor, etc? (Do not include minor traffic violations) YES ___ NO ___ if yes, please explain.

2. Have you ever been charged, indicted, or convicted of having committed any act of neglect, abuse, harassment or molestation against any person? If yes, please explain, providing date and place of incident. YES ___ NO ___

PERSONAL HISTORY

1. Have you ever been treated for a psychiatric disorder? IF yes, please explain.

YES ___ NO ___

2. Were you a victim of abuse or molestation while a minor? YES ___ NO ___

(If you prefer, you may refuse to answer this question, or you may discuss your answer in confidence with a minister rather than answering it on this form. Answering yes, or leaving the question unanswered, will not automatically disqualify an applicant for children or youth work.)

APPLICANT'S STATEMENT

The information contained in this application is correct to the best of my knowledge. I authorize the Church to take all reasonable measures to verify all information supplies and release all parties to supply such information. If any of the information above changes, I will notify the Church. Should my application be accepted, I agree to be bound by the policies of Second Presbyterian Church and refrain from unscriptural conduct in the performance of my services on behalf of the church.

Applicant's signature _____ Date _____

Revised 10/04/05