

Volunteer Application Form for Ministries to Children and Youth

In our desire to reduce the risk of abuse within our church ministries, we believe this information is necessary to protect our children and youth as well as to protect our volunteers. Thank you in advance for your understanding. Please use an additional sheet of paper if space provided on this form is insufficient for your response.

1. Name (Last, First, Middle)		
2. Present Mailing and Physical Address		3. Other states where you have lived in the past ten years
4. Daytime Phone	5. Evening Phone	6. Cellular Phone (Optional)
7. Email Address (Primary)		8. Email Address (Secondary)
9. Are you a United Methodist Church of Chugiak Member? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes - How Long? ____ Years ____ Months		10. Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No
11. Occupation		
12. Employer		
13. Current Job Responsibilities and Schedule		
14. Previous Work Experience		
15. Previous Volunteer Experience		
16. Special Interests, Hobbies, and Skills		
17. How many hours per week are you available to volunteer? ____ Hours per week		18. When are you available to volunteer? <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends
19. Can you make a one-year commitment to this volunteer role? <input type="checkbox"/> Yes <input type="checkbox"/> No		20. Do you have your own transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No
21. Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		22. Drivers License Number
23. Do you have liability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	24. Name of Carrier	25. Policy Limits
26. In what capacity would you like to volunteer as a worker with children and/or youth?		
27. Why would you like to volunteer as a worker with children and/or youth?		
28. What qualities do you have that would help you work with children and/or youth?		

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29. Have you ever been charged, convicted of, or pled guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, other crimes of violence, theft, or motor vehicle violations)?
 Yes No

If yes, please explain fully:

30. Have you ever, in any connection, experienced an incident of child abuse?
 Yes No

If yes, how will this affect your ability to volunteer with the children and youth of the United Methodist Church of Chugiak?

31. Have you had First Aid Training?
 No Yes - Date Completed:

32. Have you had CPR Training?
 No Yes - Date Completed:

33. Would you be available for periodic volunteer training sessions?
 Yes No

References: Please list three personal references (people who are not related to you by blood or marriage) and provide a complete address and phone information for each. We recommend that you notify references that they will receive a call from a United Methodist Church of Chugiak representative concerning your volunteer application.

Reference 1	34. Name		Address
	Daytime Phone	Evening Phone	Email Address
	Relationship to Reference		Length of time you've known reference
Reference 2	35. Name		Address
	Daytime Phone	Evening Phone	Email Address
	Relationship to Reference		Length of time you've known reference
Reference 3	36. Name		Address
	Daytime Phone	Evening Phone	Email Address
	Relationship to Reference		Length of time you've known reference

37. Is there any other information that you would like to add to your application form? If so, add here:

Signature of Applicant

Date

Authorization, Request, and Release of Liability for Criminal Records Check

I, _____, hereby authorize ChoicePoint Service, Inc., a company performing criminal background investigative services, to perform a nationwide criminal background investigation on myself, and to release any information obtained regarding any record of charges and convictions, including but not limited to accusations and convictions for crimes committed against minors, to the United Methodist Church of Chugiak, Staff Parish Relations Committee. I understand that the criminal background investigation will be conducted to the fullest extent permitted by state and federal law. I do release ChoicePoint Services and the United Methodist Church of Chugiak from all liability that may result from any such disclosure made in response to this request.

Signature of Volunteer Applicant

Date Signed

The following information is required in order to perform the investigation:

Last Name: _____	First Name: _____
Middle Name: _____	Name Suffix: _____
Other Last Name: _____	Other First Name: _____
Social Security Number: _____	
Sex: _____	Date of Birth: _____
Street Address: _____	Apt Number: _____
City: _____	State: _____
Zip Code: _____	Phone Number: _____