



Children and Youth Volunteer Application

We appreciate your desire to serve the children and/or youth of _____. We take our responsibility to protect and serve our children and youth seriously and consider it a privilege for everyone involved in these ministries to be able to serve them.

Because this is such a valued ministry of our church, this application is required of all ministry volunteers that will have any contact with children or youth. All information obtained will be kept secure and shared only with those that need to know, such as Pastoral Staff and ministry leadership directly responsible for children and youth volunteers.

We consider this an opportunity to get to know each other in greater ways. Please complete this application and accompanying Background Authorization to include all required signatures and submit to _____. If you have any questions about the requested information, please feel free to contact _____ at _____.

Personal Information

Full Name (first, middle initial and last): _____

DOB: _____

Driver License # and State (if position requires you to drive): _____

Street Address: _____ How Long? _____

Prior Street Address: _____ How Long? _____

Preferred Telephone Number: _____

Email Address: _____

Social Media: _____

Family Information

Married: ____ Single: ____ Divorced: ____ Widowed: ____

If Married:

Spouse's Full Name (first, middle initial and last): _____

Spouse's Age: _____



Spiritual Background

Please share your salvation story. _____

What is the gospel? _____

Have you been baptized? Yes / No Date? _____ Where? _____

Personal References

Personal References

As part of our efforts to serve and protect the children and youth of _____, every volunteer must provide the following personal references. The Pastor or ministry lead directly responsible for volunteers will contact each reference provided.

By providing these references and your signature below, you grant permission for these references to be contacted and waive the right to view reference statements.

Please provide a minimum of three references below and each reference should be a non-relative.

Current Church Member References (2)

Name: _____
Telephone Number: _____
Email: _____



VIGILANT
ministry partners

Name: _____
Telephone Number: _____
Email: _____

Prior Church References (2)

Pastore Name: _____
Telephone Number: _____
Email: _____

Name: _____
Telephone Number: _____
Email: _____

Non-Church Reference (2)

Name: _____
Telephone Number: _____
Email: _____

Name: _____
Telephone Number: _____
Email: _____

I authorize _____ to contact any references or organization listed in this application. Additionally, I authorize any reference to provide _____ with any information they may have regarding my character, background and fitness to serve children and/or youth. I release any church, organization, or its agents and all references from any liability for damage or perceived damage that may result from truthful and honest evaluations and waive any right that I may have to inspect references provided on my behalf.

Furthermore, by signing this authorization, I affirm that I have read and understood the nature and intent of these reference inquiries. I sign and release on my free act and consent to this legally binding agreement.

Signature _____

Date _____



Confidential Information

The following questions represent our due diligence to provide a safe, secure, and loving environment where children and youth will be served most carefully and appropriately in all of the ministries we promote. This information will be kept confidential and reviewed only by the Pastoral Staff or those directly responsible for children and youth volunteers.

Answering yes to any of the following questions will not automatically disqualify you from serving in the children or youth ministries. However, when you answer yes or express a desire to discuss these matters, the Pastoral Staff will be in direct contact with you.

Have you ever been a victim of abuse?

yes no I would like to discuss

Have you ever been accused of participated in, pled guilty to, or been convicted of child abuse, child neglect, or any other crime against children?

yes no I would like to discuss

Do you have any pending criminal charges?

yes no I would like to discuss

Have you ever been sued civilly for any matters related to physical or sexual abuse?

yes no I would like to discuss

Do you have any pending civil litigation for any matters related to physical or sexual abuse?

yes no I would like to discuss

As a child or teenager, did you ever have sexual interaction with another child?

yes no I would like to discuss

Have you ever been convicted of or pled guilty of any crime?

yes no I would like to discuss

Have you ever deliberately viewed pornography in the past 12 months?

yes no I would like to discuss

Have you ever participated in same-sex activity?

yes no I would like to discuss

Do you have any communicable diseases or infections (Hepatitis B, Herpes, tuberculosis, HIV/AIDS, MRSA, etc.)?

yes no I would like to discuss



Have you ever or do you currently struggle with drunkenness?

yes no I would like to discuss

Have you ever or do you currently struggle with drug addiction (illegal or prescription)?

yes no I would like to discuss

Do you have any other sin struggles that would prevent you from working with children or youth?

yes no I would like to discuss

On the following page is Background Search Authorization. _____ uses _____, a qualified third party background search provider for this important aspect of our screening process for all children or youth volunteers. It is important that you understand that your personal identifying information is protected under the Privacy Act, and all information obtained will be guarded accordingly. Additionally, every effort will be made to verify any felony or misdemeanor findings to include providing you with an opportunity to dispute the same. Please read the below authorization carefully, understanding that any felony or misdemeanor findings may be grounds for denial of application to serve children and/or youth. Your signature will be received as your understanding of these terms and your authorization to conduct a Background Search.



VIGILANT
ministry partners

Background Check Authorization

I hereby authorize _____ and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report of public records to be generated for purposes of consideration for the position of child or youth service as a non-paid volunteer. I understand that the scope of the consumer report/investigative consumer report may include the following areas: verification of social security number; current and previous residences; civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to _____ or its agents.

I further authorize the complete release of any records or data about me, which the individual, company, firm, corporation, or public agency may have to include information or data received from other sources.

I further authorize _____ and its representatives to contact any and all personal references provided in the Volunteer Application, or any personal references that are provided in the course of this inquiry.

_____ and its designated agents and representatives shall maintain all information received from this authorization in a secure and confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature _____

Date _____