

Volunteer Application for Youth (Middle & High School Age) Working With Children

Responses will be kept fully confidential

Name_	Date		
Address			
Home Phone			
E-mail			
Position applying for			
Are you currently a member of Spirit of Joy?	YES	NO	_
List name & address of all churches you have a	attended reg	gularly during	the past five years:
Experience:			
List <i>all</i> previous church and non-church work page, if necessary.	c involving	children, you	th or vulnerable adults. Use separate
Organization's name			
Address			
Work performed			
Dates involved			
List any training, education, gifts or other fact are applying. (talents, training, etc.)	tors that ha	ive prepared y	ou for the ministry for which you
Personal References:			
Name			
Address			
Telephone			
Name			
Address			
Telephone			
Name			
Address			
Telephone		onship	

Background:

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(Please answer each question. If for any reason you prefer not to answer confidence with the Senior Pastor or designate.)	any of the questions in writing, you may discuss your answers in
1. Have you ever been convicted of, pled no content involving allegations of sexual abuse, molestation, pexplain in detail and attach a separate sheet if necessary Yes No	hysical abuse or any similar charges? If "yes," please
2. Have you ever been convicted of, pled no contes misdemeanor involving drugs, alcohol or violence? I sheet if necessary. Yes No	t to, or received pre-trial diversion for any felony or ff "yes," please explain in detail and attach a separate
3. Do you have any issues in your background that veryouth or vulnerable adults, or abide by these policies please explain in detail and attach a separate sheet if Yes No	s due to past or ongoing abuse of any kind? If "yes,"
Applicant's Statement:	
The information contained in this screening appli	cation is correct to the best of my knowledge
• I agree to allow Spirit of Joy Lutheran Churc position.	h to check my references and verify my fitness for the
regarding my character and fitness for work with the receipt and evaluation of the application b organization, charity, employer, reference, or any	nis application to give any information that they may have children, youth or vulnerable adults. o In consideration of y Spirit of Joy, I release any individual, church, youth other person or organization, including record custodians and all liability for damages for release of the requested
	e bound by the Constitution, Bylaws and policies of Spirit ices on behalf of the church in accordance with scriptural
• I agree that I have made the decision to volunteer a way that will be pleasing to God.	in this position prayerfully and will do my best to serve in
THEREOF, AND I SIGN THIS RELEASE AS MY O	E ABOVE RELEASE AND KNOW THE CONTENTS OWN FREE ACT. This is a legally binding agreement d and understood.
Applicant's Signature	Date
Parent Statement:	
I allow my child to participate as a volunteer at information on the above form is correct. I believe n be a blessing to the program for which they are volunteer at information on the above form is correct.	Spirit of Joy Lutheran Church and agree that the ny child is a good candidate for this position and will teering.
Parant/Guardian signatura	Deta
Parent/Guardian signature Print Parent Name:	
Witness	Date