

Church Name

VOLUNTEER APPLICATION

APPLICANT INFORMATION

Name (Last)	(First)	(Middle)	Date
Address	City	State	ZIP Code
Telephone	Alternate Telephone	Best Contact Time	E-Mail Address
Volunteer Position Considering Camp Leader	Availability <input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temporary
What Hours Are You Available to Work?			
In Case of Emergency Notify	Telephone	Name of Nearest Relative	Telephone

VOLUNTEER EXPERIENCE

Have you ever volunteered in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Job Position	Supervisor	Start Date	End Date
Job Position	Supervisor	Start Date	End Date
Special Interests and Hobbies			
Do you have your own transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No DL #: _____	Liability Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How many hours per week are you available to volunteer? Days _____ Evenings _____ Weekends _____			
Can you make a one-year commitment to this volunteer role?			
Why would you like to volunteer as a worker with children and/or youth?			

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VOLUNTEER EXPERIENCE (Continued)

What qualities do you have that would help you work with children and/or youth?
How were you parented as a child?
How do you discipline your own children?
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)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain fully:
Have you ever been exposed to an incident of child abuse or neglect? <input type="checkbox"/> Yes <input type="checkbox"/> No
Would you be available for periodic volunteer training sessions? <input type="checkbox"/> Yes <input type="checkbox"/> No

CRIMINAL HISTORY

Have you ever been <i>convicted</i> of a criminal offense? Check One: <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently have any criminal actions pending in which you are the Defendant? (Not Applicable to California Applicants) Check One: <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently on probation or parole? Check One: <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "Yes" to any of the above questions, please explain the nature of the offense and provide the date of the offense and the county and state in which it occurred?
List any education, experience, certifications, or other training relevant to this volunteer position:

PERSONAL REFERENCES:

Name	Address	Phone	Occupation	Relationship

APPLICANT STATEMENT

(Read and Sign Below)

I certify that this volunteer application was completed by me and that all of the information on this application is true and correct to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts called for herein will result in my disqualification from further consideration as a volunteer. I understand that this volunteer application is not valid without my signature.

Print Name	
Signature	Date

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AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS VERIFICATION AND FINGERPRINT INFORMATION

I, _____, hereby authorize Christian Fellowship Church to obtain and/or request information about my criminal history and fingerprints from any entity chosen specifically for conducting this search, to release information regarding any record of charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is a local, state, or national file, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by city, county, state, and federal law. I do release said entities from all liability that may result from any such disclosure made in response to this request. I may revoke this request at any time, but that revocation must be in writing and give 30 days' notice of same.

Signature of Applicant: _____ Date: _____

Name (Last)	(First)	(Middle)
Address	City	State ZIP Code
Other names used by applicant (if any):		
Date of Birth	Place of Birth	Social Security Number
Driver's License No.	Issuing State	License expiration date

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