



Youth and Children's Ministry Volunteer Application

This application is to be completed by those interfacing with children under the age of 18. This includes chaperones for on or off-site activities and any activity that takes place on our campus whether or not a ministry of **Church of the Resurrection**. Thank you for helping to make ResKids and our Student Ministry a safe and secure environment for children and volunteers!

Personal Information:

Name _____
Last First Middle Maiden

Other names used (nicknames, previous legal names, aliases) _____

Date of Birth ____/____/____ Place of Birth _____

Male ___ Female ___ Marital status: _____ Spouse: _____

Current Address: _____

Date (month/year) moved into current address ____/____

Home Phone _____ Work Phone _____ Cell _____

E-mail _____

Background Information

1. Previous addresses (needs to cover the past five years)

Dates resided _____ Address _____

Dates resided _____ Address _____

Dates resided _____ Address _____

2. Are you a member of Church of the Resurrection? ___ Yes ___ No

3. Names and addresses (city and state) of churches you have attended regularly during the past five years.

4. Please describe all your previous church work involving children or youth. Identify the church, its location, the dates of your work there, and the type of work you performed.

5. Please describe any callings, gifts, training, education, or other factors that have prepared you to work with children or youth.

6. Have you ever been convicted of, or pled guilty to, or are charges pending concerning any crime or misdemeanor involving actual or attempted child abuse, neglect or molestation?

Yes No please initial

If yes, please provide details below

7. Have you ever been charged with a sexual offense or crime of violence? Yes No please initial

If yes, please provide details below

8. Have you ever been convicted of, pled guilty to, or have charges pending concerning any other crime? *Note: Conviction of a crime that does not involve any risk to children or youth is not an automatic bar to volunteer service.*

Yes No please initial

If yes, please provide details below.

9. Have you ever been the subject of a civil lawsuit involving, or an investigation or allegation of, sexual misconduct, sexual harassment or other immoral behavior or conduct involving adults or children? ___Yes ___No please initial
If yes, please provide details below

10. Do you have any investigation, review or disciplinary action pending by an employer, organization in which you volunteered, or professional association for sexual misconduct, violence or misconduct involving children? ___Yes ___No please initial
If yes, provide details below

11. Have you at any time during the past five years used illegal drugs or other illegal controlled substances? ___Yes ___No please initial

12. Have you ever participated in the creation, dissemination, or transmission of pornography or pornographic materials of any type? ___Yes ___No please initial

Is there any fact or circumstance about you or your background that would call into question the advisability of entrusting you with the supervision, guidance and care of children?

Personal References:

Please list three personal references (may not be related)

Name _____

Address _____

City, State and Zip Code _____

Phone Number _____

Email address: _____

Is this person a member of Church of the Resurrection? ___Yes ___

Name _____

Address _____

City, State and Zip Code _____

Phone Number _____

Email address: _____

Is this person a member of Church of the Resurrection? ___ Yes ___ No

Name _____

Address _____

City, State and Zip Code _____

Phone Number _____

Email address: _____

Is this person a member of Church of the Resurrection? ___ Yes ___ No

Applicant's Statement: *The information contained is correct to the best of my knowledge. I authorize any references, churches, or organizations listed in this application to give you information they may have regarding my character and fitness for working with children. I release all such references from my liability for any damages that may result from furnishing such evaluations to **Church of the Resurrection**. I understand that I will be asked to complete the necessary paperwork for a criminal background check. I release Church of the Resurrection from all liability and damages that may occur from the results of this information. I understand that personal information will be held confidential by the professional church staff.*

Applicant signature: _____ **Date:** ____/____/____

Statement of Faith:

Please share with us a brief statement of faith, or history of your faith, in Christ Jesus as your Savior.