

Under 18? \_\_\_\_\_



We at Peace Church appreciate your interest in volunteering. So many Peace Church functions are dependent on committed volunteers like you. As part of the continued effort to ensure quality volunteerism and the respect of privacy, we request you complete this application form. Please be assured that this information is kept confidential at all times.

## VOLUNTEER OR PAID STAFF APPLICATION FORM

### Screening for Volunteer and Paid Staff Working with Children and Youth

Indicate areas in which you are interested:

SS Teacher    Discovery Club    Childcare Helper    Music Leader    VBS    Middle Sch/Confirmation

Senior High    Overnight Counselor    Transportation    Other \_\_\_\_\_

Date: \_\_\_\_\_ Social Security No. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last Name: \_\_\_\_\_ First name \_\_\_\_\_ M.I. \_\_\_\_\_

Email Address: \_\_\_\_\_ M / F (please circle one)  
(Please print)

Current address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
(Please print)

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Length of current employment: \_\_\_\_\_ Supervisor: \_\_\_\_\_

List of current volunteer activities: \_\_\_\_\_ Day(s) and time(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any training/certification in first aid or CPR? \_\_\_\_\_

Date of last certificate issued: \_\_\_\_\_

Have you been or currently serving as paid staff or volunteer worker with children or youth in which you have already undergone and met screening requirements?

Yes    No   If yes, with whom? \_\_\_\_\_

Valid (State) Drivers license and clear driving record?    Yes    No

If yes, license number: \_\_\_\_\_

Have you ever been convicted or pleaded guilty of a criminal offense against a person?  Yes  No  
If Yes, please explain (if you wish to speak with a member of Peace staff, please indicate). A "yes" necessitates a criminal records check.

**History and Work Experience**

Approximately, how long have you been a member at Peace? \_\_\_\_\_

If not a member, how long have you been an attender at Peace? \_\_\_\_\_

If not a member, list other church affiliation: \_\_\_\_\_

Volunteer or staff activities at Peace: \_\_\_\_\_

List or check below all other child care, teaching, or other child/youth work you have been involved in on either a paid or volunteer basis:

Check areas of experience:  SS Teaching  Nursery  Choir  Bells  VBS  Youth Program

After School Programs  Child Care  Overnights  Camp  Substitute  Room Parent

Weekday Helper  Discovery Club  Small Groups

Other; Explain: \_\_\_\_\_

State the position for which you are applying: \_\_\_\_\_

List the factors that you believe prepares you for the position:

\_\_\_\_\_  
\_\_\_\_\_

Please state the day and time you are available: \_\_\_\_\_

**References**

Do you have any physical limitations you believe prevent you from doing certain types of activities?

Yes  No \_\_\_\_

At least one of these references should be a Peace member. If you are a member or attender of Peace for 1 year or less, one of your references should be a paid or volunteer person from the church you most recently attended before coming to this community. Please include one reference that is not a family member.

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

**Applicants Statement**

The information contained in this application is currently to the best of my knowledge. I authorize any references or church listed in this application to give you any information, including opinions that they may have regarding my character and fitness for children or youth work. In consideration of the receipt and evaluation of this application by Peace Lutheran Church, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of any kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

Should my application be accepted, I agree to be bound by the Peace Lutheran Church Bylaws and Policies, and by the Child/Student Protection Program of Peace Lutheran Church.

I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE, I KNOW AND UNDERSTAND THE CONTENTS OF IT, AND I SIGN THE RELEASE AS MY OWN FREE ACT.** I understand that this is a legally binding agreement.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

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| <p><b><u>OFFICE USE ONLY:</u></b></p> <p>Background Check: _____</p> <p>References:<br/>_____</p> <p>Approved: _____</p> |
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Updated October 20, 2011