

VOLUNTEER PERSONNEL FORM

Hope Evangelical Free Church
Osceola, Wisconsin

Application for working with children, youth or developmentally disabled persons

This form is to be completed by any applicant for a volunteer position within Hope Evangelical Free Church involving the supervision or custody of minors or the developmentally disabled. We recognize that this form is extensive, but your cooperation will assist church leaders in their efforts to provide a safe environment for the children and students in our programs. Your responses will be maintained confidential, although there may be circumstances where such information may be provided on a "need to know" basis to individuals working with other ministries and to other individuals in order to evaluate your application and/or to comply with applicable legal requirements.

PERSONAL DATA (please print)

Name: _____
 Last First MI

If you have ever used other names, please provide the complete name and date in use:

Social Security Number or Driver's License Number: _____

Home Phone: (_____) _____

Present Address: _____

Date of Birth (if you are under age 18) _____

Marital Status: Single Married Divorced Divorced/Remarried

SPIRITUAL HISTORY

How long have you attended Hope Church? _____

Are you a member of Hope Church? Yes No

If not, are you a member of another church? Yes No

If yes, what church? _____

Do you regularly attend (most Sundays)? Yes No

Have you read Hope Church's doctrinal statement? Yes No

Do you agree with Hope's doctrine and purpose statements? Yes No
If no, please state what areas you have a different view and why:

In a paragraph, please outline your spiritual journey, including when you accepted Jesus as your Savior. If you need more room, use a separate page.

Have you taken any courses or received any training that would equip you for Christian ministry? If so, please list:

QUALIFICATIONS AND AVAILABILITY FOR SERVICE

Why do you want to work with children, youth or the developmentally disabled? Include a description of any previous experience working with these individuals.

Describe any contagious or infectious disease or condition you have which could be transmitted to others in the volunteer work you would be performing at Hope.

Underline areas of ministry in which you feel gifted, and **circle** the area are you applying for:

<u>AGE LEVEL</u>	<u>INTEREST</u>	<u>MINISTRY AREA</u>
INFANTS	TEACHING	SUNDAY SCHOOL
TODDLERS	TEACHING ASS'T	CLUBS
BEGINNERS (4-5)	ADMINISTRATION	CHILDREN'S CHURCH
PRIMARY (6-8)	MUSIC	SUMMER PROGRAMS
JUNIORS (9-11)	DISABLED	YOUTH GROUP
JR HIGH (GR 6-9)	ARTS & CRAFTS	OTHER _____
SR HIGH (GR 10-12)	GAMES/ACTIVITIES	

LEGAL QUESTIONNAIRE

1. Have you ever been accused or convicted of a criminal offense (felony or misdemeanor, except for minor traffic violations)? You will need to answer "Yes" if you have entered into a plea agreement, including a deferred sentence or deferred judgment arrangement in connection with a criminal charge.

Yes No

If you have been convicted of such an offense, please attach a statement or explanation including nature of offense, date, court where conviction was entered and any other relevant information.

2. Have you ever been accused of, arrested for, or charged with a sexual offense, offense relating to children, abuse or a crime of violence (that is not covered in question 1)?

Yes No

If you have been arrested for or charged with such an offense, please attach a statement or explanation, including nature of offense charged, date, law enforcement agency making the charge, and any other relevant information.

3. Have you ever been subjected to expulsion, reprimand, or other discipline by a church, denomination or other religious organization?

Yes No

PERSONAL REFERENCES (at least two including a pastor or ministry director)

1. Name: _____ Phone _____

Complete address: _____

Relationship: _____

2. Name: _____ Phone _____

Complete address: _____

Relationship: _____

3. Name: _____ Phone _____

Complete address: _____

Relationship: _____

APPLICANT'S STATEMENT

The responses I have provided in completing this application form are complete, truthful and accurate. I hereby authorize Hope Church to make inquiries concerning my background in connection with evaluating the information I have provided on this form. I hereby authorize all persons associated with me, including churches, employers, law enforcement, licensing and social services agencies to release any information contained in their files or records concerning me to Hope Church and its representatives.

In consideration of the receipt and evaluation of this application form, I hereby release Hope Church and their pastors, ministry directors, employees, agents, representatives and any other person or organization, including record custodians, that may release information concerning me, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family on account of inquiries concerning my background and any disclosures of information concerning me to Hope Church. 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.

I have carefully read the foregoing release and know the contents of it and I sign this release as my own free and voluntary act. I understand that my service with Hope Church shall be volunteer service, and I do not expect compensation of any kind. In addition, my volunteer services shall be at-will, and Hope Church shall be entitled to terminate my services at any time, with or without cause or advance notice.

Understanding that my service is a ministry to God and the people of Hope Church, I affirm that I will strictly comply with all policies and procedures of Hope Church. If at any time I find that for any reason I am unable to support the policies, procedures, or doctrine of this church or denomination, I will resign my volunteer position. I understand and agree that failure by me to abide by such policies and procedures may result in my immediate dismissal or disciplinary action, all at the discretion of Hope Church. I will report any known or suspected child abuse or other violation of policy to my immediate Ministry Director, the Senior or Associate Pastor, or an elder of Hope Church.

Applicant's Name (please print) _____

Applicant's Signature: _____ Date _____

Date received by Ministry Director _____

Date of interview by Ministry Director _____

Date of approval by Elders or Ministry Team _____

Signature of approving Ministry Director or Elder _____