

VOLUNTEER APPLICATION
Salem Evangelical Church

Department / Classroom you desire to serve in:

Name: _____ Parent's name if a minor: _____

Address:

Daytime phone: _____ Evening/cell phone: _____

Email: _____ Date of birth: _____ Current age: _____

Employer: _____ Occupation: _____

Current job responsibilities & schedule:

Previous work experience:

Previous volunteer experience:

Special interests, hobbies & skills:

Times you would be available/willing to serve: _____ Sunday 9:15 AM _____ Sunday 11:00 AM _____ Sunday
PM
_____ Wednesday PM _____ Other

Can you make a one-year commitment to this volunteer role?

How long have you been a Christian? _____ How long have you attended SEC? _____

Do you have liability insurance? (List policy limits and name of carrier)

Why would you like to volunteer as a worker with children and/or youth?

What qualities do you have that would help you work with children/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)?
_____ No _____ Yes (if yes, please give a brief explanation)

Have you ever been exposed to an incident of child abuse or neglect? _____ No _____ Yes (if yes, please give a brief explanation)

If yes, how did you feel about the incident?

Would you be available for periodic volunteer training sessions? _____ No _____ Yes

Applicant's signature: _____ Date: _____

Parent's signature if applicant is a minor: _____ Date: _____

FOR OFFICE USE ONLY

Date received: _____ Approved by: _____
Youth Pastor Approval if applies:

Background check completed: _____ Date: _____ Comments: _____

Volunteer Applicant References
Salem Evangelical Church

Please list 3 personal reference (people who are not related to you by blood or marriage) and provide complete address and phone information for each. References are confidential.

Name:

Address:

Daytime phone:

Evening phone:

Relationship to reference:

Name:

Address:

Daytime phone:

Evening phone:

Relationship to reference:

Name:

Address:

Daytime phone:

Evening phone:

Relationship to reference:

**CRIMINAL RECORDS CHECK
Authorization and Request**

Department /Classroom you desire to serve in:

I, _____, hereby authorize Salem Evangelical Church to request a background check and release of information regarding any record of charges or convictions 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 state and federal law. I do release Salem Evangelical Church from all liability that may result from any such disclosure made in response to this request.

Signature of applicant:

Date:

Signature of parent if a minor:

Date:

Please complete all information below & PRINT CLEARLY!

Applicant's full name:

All other names that have been used by applicant (if any):

Address:

Date of birth:

Place of birth:

Social Security number:

Driver's license number:

State issuing license:

Expiration date:

FOR OFFICE USE ONLY

Date received:

Approved by:

Youth Pastor Approval if applies:

Background check completed:

Date:

Comments:

Form updated: 11/24/2014

PARTICIPATION COVENANT STATEMENT

Salem Evangelical Church

Salem Evangelical Church is committed to providing a safe and secure environment for all children, youth and volunteers who participate in ministries and activities sponsored by the church. The following summary of policy statements reflect SEC's commitment to preserving this church as a holy place of safety and protection for all who would enter and as a place in which all people can experience the love of God through relationships with others.

By signing below I agree to the policy summary statements and agree to adhere to Policies 10-002 and 30-005.

1. **Two Adult Rule** - Adult volunteers with children and youth shall observe the "Two-Adult Rule" at all times so that no adult is ever alone with children or youth.
2. **Training** - Attend regular training and educational events provided by the church to keep volunteers informed of church policies and curriculum.
3. **Reporting** - Report to their supervisor any behavior that seems abusive or inappropriate.
4. **Policy and Procedure Manual** - Observe and abide by church policies and direction regarding working in ministries with children and youth to include Policy Number 10-002 and 30-005
5. **Convicted** - Agree to inform a minister of this congregation if you have ever been convicted of child related incident?

If you've been exposed to child abuse in the past, are you open to discuss with a pastor your experience? <i>(Answering yes to this question does not automatically disqualify you from volunteering with children or youth.)</i>	Not Applicable	Yes	No
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I have read this **Participation Covenant**, and I agree to observe and abide by the policies set forth above.

Print Applicant's Full Name:

Signature of Applicant:	Date:
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Parent's Signature if a minor:	Date:
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Form updated: 11/24/2014