

JOURNEY KIDS/STUDENTS

Volunteer Application

This application is to be completed by all applicants for any volunteer position involving the supervision or custody of minors. This is not an employment application form.

Circle the area(s) you are interested in serving:

Infant Nursery (birth - 1 yr)	Toddler Nursery (1 - 2 yrs)	Pre-K (3-4yrs)
5K - 1st grade	2nd - 3rd Grade	4th-5th Grade
Route (6th - 8th)	Fuel (9th - 12th)	College/Young Adults
Registration	Administration	Worship
Other _____		

General Information:

Date _____ Name _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____

E-mail Address _____ @ _____

Date of Birth _____ / _____ / _____

Do you regularly attend our worship services? **Yes / No**

If yes, when did you start attending? _____ (approx. date)

Ministry Information

Are you currently serving in another church Ministry? If so, please list:

I am interested in serving at Journey Church because...

Have you personally accepted Jesus Christ as your Lord and Savior? **Yes / No**
Have you been baptized? **Yes / No** If so, when? _____

References: List 3 adults you have known for at least 2 years, who are not related to you who have specific knowledge of your character and ability to work with children and/or students and who fit the classifications set forth below.

1. Journey Church (or previous church) member or staff person:

Name: _____ Nature of association: _____

Length of time known: _____ Phone: _____

2. Employer or fellow employee:

Name: _____ Nature of association: _____

Length of time known: _____ Phone: _____

3. Social friend or neighbor:

Name: _____ Nature of association: _____

Length of time known: _____ Phone: _____

Previous Address:

If you have lived at your current address for less than 5 years, provide the following information for all addresses at which you lived during that period.

Address: _____

City: _____ State _____ Zip _____

Dates from / to: _____

Present Employer: _____

Address: _____ City: _____ State: _____ Zip: _____

Job description: _____

Personal Disclosure Information: *Please circle appropriate response*

1. Do you have children of your own? **Yes / No** Ages: _____

2. Have you ever been treated for a psychiatric disorder? **Yes / No** _____

3. Have you ever been arrested, convicted, or plead guilty to a crime? **Yes / No**

If yes, explain: _____

4. Have you ever been accused, charged, or alleged to have, or have you ever committed any act of neglecting, abusing, or molesting any child? **Yes / No**

5. Have you ever been concerned that you may have an addiction to drugs, alcohol, pornography or any other addiction; or has anyone ever suggested that you may have a problem with any of the above? **Yes / No**

6. Have you ever been convicted of the possession, use, or sale of drugs within the last 7 years? **Yes / No**

7. Within the past 30 days have you abused alcohol, legal or illegal drugs? **Yes / No**

8. Has your driver's license been suspended or revoked within the last 12 months? **Y / N**

9. Is there any fact, circumstance, or pattern involving your background that would make it inappropriate for you to serve with minors or would compromise the integrity of the church? **Yes / No** **If so please explain:** _____

Church History and Prior Serving Experience:

Previous church work involving children and/or students (*list church name, city, state, and type of work*

performed)_____

Previous non-church work involving children and/or students (*list each organization name, city, state,*

and type of work performed)_____

Applicant’s Statement:

The information contained in this application is correct to the best of my knowledge.

Applicants Signature:_____

Parent Signature (if applicant is under 16):_____

Request for Criminal Records Check and Authorization

Important: Every applicant, regardless of criminal record must complete this section.

I hereby request and authorize the release of any information which pertains to any record of convictions contained in law enforcement files or in any criminal file maintained on me whether local, state, or national. I hereby release local, state, and national law enforcement agencies from any and all liability resulting from such disclosure.

Applicant’s signature:_____

Print name, print maiden name if applicable:_____

Date of birth:___/___/___ place of birth:_____

Driver’s license number and state:_____