

Volunteer Screening Form

1. Name: _____
2. Address: _____
3. Daytime phone: _____ Evening phone: _____
4. Occupation: _____
5. Employer: _____
6. Current job responsibilities and schedule: _____

7. Previous work experience: _____
8. Previous volunteer experience: _____
9. Special interests, hobbies and skills: _____
10. How many hours per week are you available to volunteer? _____
_____ Days _____ Evenings _____ Weekends
11. Can you make a one-year commitment to this volunteer role? _____
12. Do you have your own transportation? _____
13. Do you have a valid driver's license? _____
14. Do you have liability insurance? (list policy limits and name of carrier) _____

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

16. What qualities do you have that would help you work with children and/or youth?

17. How were you parented as a child? _____

18. How do you discipline your own children? _____
19. 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)?
 Yes No
If yes, explain fully:

20. I _____ hereby covenant and certify that I have never been involved in an episode of child abuse or sexual abuse in the past.
 Yes No

21. I _____ hereby covenant, promise and warrant that I will never commit an act of abuse of a child or youth in our church.
 Yes No

22. Have you seen an incident of child abuse or neglect?
 Yes No

23. If yes, what was your reaction to this incident? _____

24. The applicant hereby waives any and all types of confidentiality necessary for the Church, its agent(s) or its representative(s) or any entity requested by the Church to investigate and/or search the background of the Applicant prior to his/her assuming a volunteer position with the Church. Moreover, the Applicant authorizes the Church, its agent(s) or representative(s) to obtain whatever history or background checks it deems necessary before assuming a volunteer position with the Church.
 Yes No

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

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

1. Name: _____
Address: _____
Daytime phone: _____
Evening phone: _____
Relationship to reference: _____

2. Name: _____
Address: _____
Daytime phone: _____
Evening phone: _____
Relationship to reference: _____

3. Name: _____
Address: _____
Daytime phone: _____
Evening phone: _____
Relationship to reference: _____

Signature of Applicant

Date