

VOLUNTEER PERSONNEL FORM

Application for Work with Children, Youth or Developmentally Disabled Persons

This form is to be completed by any applicant for a volunteer position within a Christian and Missionary Alliance church involving the supervision or custody of minors or the developmentally disabled. We recognize that this form is extensive, but ask for your help in completing the form in its entirety. Your cooperation will assist church leaders in their efforts to provide a secure environment for children, youth and developmentally disabled persons who participate in our programs and use our facilities. 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 our ministry and to other individuals in order to evaluate your application and/or to comply with applicable legal requirements.

NOTE: If you live in a state where laws exempt you from providing any of the information requested below, you need not answer the questions requesting such information. For example, you need not disclose information requested in the Legal Questionnaire that is contained in sealed or expunged court records, or that involves a criminal arrest that did not result in conviction, if you live in a state whose laws exempt you from disclosure of such information.

Date: _____

PERSONAL DATA (please print)

Name: _____
Last First Middle

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

Social Security Number: _____ **Home Phone:** (____) _____

Present Address: _____

Date of Birth (if you are under 18 years of age): _____ **Marital Status:** _____

SPIRITUAL HISTORY

How long have you attended the Morgantown C&MA Church? _____

Are you a member of the Morgantown C&MA Church? Yes No

If not, are you willing to attend a membership class? _____

Do you regularly attend (2 or more services a month)? _____ **Have you been baptized?** _____

In a brief paragraph, please outline your spiritual journey, including when you received Christ as Savior. _____

Have you taken any courses or received any training that would equip you for Christian ministry?

If so, please list. _____

QUALIFICATION AND AVAILABILITY FOR SERVICE

What causes you to desire to work with children, youth or the developmentally disabled? Include a description of any previous experience working with children, youth and/or disabled individuals.

On what date would you be available? _____

What is the minimum length of your commitment? _____

Describe any condition, preference or belief that might restrict or prevent you from performing certain activities involved in the volunteer position for which you are being considered (i.e. lifting toddlers, handling an emergency, driving, participating in certain sports). _____

Describe any contagious or infectious disease or condition which could be transmitted to others in the volunteer work you would be performing for The Christian and Missionary Alliance. _____

What type of ministry do you prefer? *Check all categories that apply.*

<u>Age Level</u>	<u>Ministry Interest</u>	<u>Ministry Area</u>
<input type="checkbox"/> Nursery (0-2 years)	<input type="checkbox"/> Teaching	<input type="checkbox"/> Sunday School
<input type="checkbox"/> Toddlers (2 & 3 years)	<input type="checkbox"/> Teacher Assistant	<input type="checkbox"/> K.I.D.S. Worship
<input type="checkbox"/> Beginners (4 & 5 years)	<input type="checkbox"/> Administration	<input type="checkbox"/> Kidz J.A.M.
<input type="checkbox"/> Primary (6-8 years)	<input type="checkbox"/> Music	<input type="checkbox"/> Wednesday Night Clubs
<input type="checkbox"/> Intermediate (9-11 years)	<input type="checkbox"/> Disabled	<input type="checkbox"/> Youth Group Programs
<input type="checkbox"/> Middle School	<input type="checkbox"/> Arts & Crafts	<input type="checkbox"/> Summer Programs
<input type="checkbox"/> High School	<input type="checkbox"/> Games/Activities	<input type="checkbox"/> Other _____

PERSONAL REFERENCES

- Name: _____ Phone: (_____) _____
Complete Mailing Address: _____
- Name: _____ Phone: (_____) _____
Complete Mailing Address: _____
- Name: _____ Phone: (_____) _____
Complete Mailing Address: _____

LEGAL QUESTIONNAIRE

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

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 reported to a social services agency, law enforcement authority, child abuse registry, or similar organization regarding abuse or misconduct involving children?

YES NO

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

YES NO

5. Have you ever been the subject of a civil lawsuit involving sexual misconduct, sexual harassment, or other immoral behavior or conduct, involving adults or children?

YES NO

6. Have you ever been the subject of a complaint or disciplinary proceeding against a professional license or other license held by you, including but not limited to a license to provide child care or similar services?

YES NO

7. Have you ever been the subject of any disciplinary action, transfer, or dismissal, or been named as a defendant in a civil or criminal lawsuit, as a result of an accident or mishap involving children?

YES NO

8. Have you ever been subject to any disciplinary action (including discharge) or investigation by a church, religious or other organization, or by an employer?

YES NO

NOTE: If your answer to any of the questions 3-8 is “Yes,” for each positive response, please provide the following information:

- a) *Date and complete description of the circumstances.*
- b) *Name address of the church, employer or other organization involved.*
- c) *Name and telephone number of a person familiar with the circumstances*

APPLICANT'S STATEMENT

The prime objectives of the Morgantown Christian and Missionary Alliance Church Christian Education Department are "to bring people to a saving knowledge of Christ, to teach biblical principles emphasizing missions, and the centrality of Christ as Savior, Sanctifier, Healer, and Coming King, and to equip people for evangelism and Christian service (Manual of The Christian & Missionary Alliance, 1999 Edition A7-Article II)." The same area of the Manual (A7-Article IV, Section 8) states that, "it is desirable that all teachers be members of the local church and when they are not, they must be in full harmony with the doctrines and principles of The Christian & Missionary Alliance."

The responses I have provided in completing this application form are complete, truthful and accurate.

I hereby authorize the Church to make inquiries concerning my background in connection with evaluating the information I have provided on this form and in the application process, including a criminal records check if deemed necessary by the Church. 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 the Church and its representatives.

In consideration of the receipt and evaluation of this application form by the Church, I hereby release the Church and The Christian and Missionary Alliance and their 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 the Church or The Christian & Missionary Alliance. 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 the Church shall be volunteer service. In addition, my volunteer services shall be at-will and the Church shall be entitled to terminate my services at any time, with or without cause or advance notice. I understand and agree that I am not an employee of the Church, and that I have no expectation of future employment. As a volunteer, I have no entitlement to or expectation of compensation, health insurance or other employee benefits, or unemployment or worker's compensation insurance benefits.

I affirm that I will strictly comply with all policies and procedures of the Church and The Christian and Missionary Alliance, including but not limited to its Child Protection Policy as presented in the adopted Safe Place program. If at any time I find that for any reason I am unable to support the policies, procedures, or doctrine of this church or the Alliance, 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 in the discretion of the Church. I will report any known or suspected child abuse or other violation of policy to: the senior pastor, a member of church staff, an elder or the Christian education director.

Applicant's Signature: _____ **Date:** _____

Applicant's Name (please print): _____

Witness's Signature: _____ **Date:** _____

Witness's Name (please print): _____

REFERENCE CHECK RECORD

Record of Contact with References and Churches Identified by a Volunteer Applicant

Name of Applicant: _____

REFERENCE/CHURCH CONTACTED: _____

Date: _____ Method of contact: _____ phone _____ letter _____ interview

Person making contact: _____

Summary of contact: _____

Did the reference refuse to provide information? _____

REFERENCE CONTACTED: _____

Date: _____ Method of contact: _____ phone _____ letter _____ interview

Person making contact: _____

Summary of contact: _____

Did the reference refuse to provide information? _____

REFERENCE CONTACTED: _____

Date: _____ Method of contact: _____ phone _____ letter _____ interview

Person making contact: _____

Summary of contact: _____

Did the reference refuse to provide information? _____