Children's/Youth Worker Volunteer Application

We recognize that this Volunteer Application Form is extensive. We wish we did not have to ask these questions. However, in our desire to reduce the risk of abuse within our church ministries, we believe this information is necessary to protect our children and to protect our volunteers. Thank you for your understanding.

<u>Personal Information:</u>			- '
Name:			
Phone Number (H):	(W):	(<i>C</i>):	
Address:		Postal Cod	e:
Date of Birth: Day Month _	Year		
Spouse's Name:			
Personal History:			
Occupation and/or Employer:			
Hobbies, interests or Skills:			
Calabarat Historia			
<u>Spiritual History:</u> What does being a fallower of T	adud maan ta vau?		
What does being a follower of J	esus mean to you?		
Would you consider yourself a fo	ollower of Jesus? YES or 1	NO or UNSURE	
If you answered yes, in what way	y(s) does your relationship v	with Jesus influence yo	ur interactions with
the people God places in your life			
Would others consider you a foll	ower of Jesus? (Circle) YI	ES or NO or UNSUR	E
How long have you attend Jackso	onville United Baptist Churc	ch (JUBC)?	
Do you regularly attend Sunday	worship?		
Have you been baptized? Yes	No		
Have you identified your Spiritu	al Gifts? If so, what are th	ney?	
In a brief paragraph, please outl			

Ministry Information: Area of ministry you are interested in: ______ What skills would you bring to the children's/youth program? (Don't worry, we will train you in the things you need to know) _____ Have you taken any courses or received any training that would equip you for Christian ministry? (Again, don't worry, we will train you) Explain: What other experience you have had working with children/youth and/or developmentally disabled persons in the last 5 years. (Please list) Organization Program Description Dates Pastor/Ministry Supervisor and Contact Information Check the entire ministry positions listed below in which you have previous experience; and circle those that interest you (no experience necessary). **Teaching** Other <u>Helping</u> __ Preschool ___ Baby-sitting ___ Music - instrument __ Grade 1-3 __ Nursery __ Music - vocal ___ Preschooler __ Storytelling Grade 4-6 ___ Youth Children Gr. 1-6 Crafts\ ___ Adult __ Youth Worker __ Games __ Other (specify) __ Other (specify) __ Camp Counselor __ Other (specify) What church or churches have you attended in the past five years? 1. Name of church ______ Phone number: _____

1. Name of church ______ Phone number: ______

Address: _____

Dates Attended _____ Member or Adherent ______

2. Name of church _____ Phone number: ______

Any other information about you that we should know:			
Are there any circumstances involving your lifesty ability to work with children?	le or background that would call into question your		
Do you have any physical condition that would hind	ler or prevent you from performing certain types of n, playing sports or verbally interacting with children)?		
References:			
Please provide the names of three individuals, reference for you. Include at least one refere			
1. Name of Reference:			
Address:	Phone Number:		
In what capacity known?	How long?		
2. Name of Reference:			
Address:	Phone Number:		
In what capacity known?	How long?		
3. Name of Reference:			
Address:	Phone Number:		
In what capacity known?	How long?		

RELEASE OF INFORMATION AND DECLARATION OF INTENT

I hereby give Jacksonville United Baptist Church permission to contact persons named as references to ascertain my suitability for volunteer ministry. I AUTHORIZE ANY REFERENCE OR CHURCHES LISTED IN THIS APPLICATION TO GIVE YOU ANY INFORMATION THEY MAY HAVE REGARDING MY CHARACTER AND FITNESS FOR CHILDREN'S AND YOUTH WORK WORK. I release all such references from liability for any damage that may result from furnishing such evaluations to you.

I understand that if my character or morals should be inappropriate and/or criminal at any time during my volunteer service, Jacksonville United Baptist Church will be entitled to terminate my assistance without expressed cause or prior notice regardless of any other oral or written statements by Jacksonville United Baptist Church prior to, at, or following the date of volunteer service.

I understand that Jacksonville United Baptist Church is responsible for the welfare of any person or persons entrusted to my care, and thus I will cooperate fully with the staff in the fulfillment of my duties. If at any time I find that for any reason I am unable to support the policies, procedures or doctrine of Jacksonville United Baptist Church, (see Statement of Faith) I will gracefully and quietly resign my volunteer position. If my supervisors find that I am in conflict with any of the policies, procedures or doctrines, and we are not able to resolve the issue, I will gracefully and quietly agree to resign my volunteer position.

I hereby acknowledge that the information contained in this application for volunteer ministry is correct to the best of my knowledge.		
Applicant's Name	Applicant's Signature	Date
Witness' Name		- <u></u> Date

Office Use:	
Reference(s) Checked by:	
Name	
Date	
Notes:	
Approved by the Board of Elders	
	Date of Approval
Chair of the Board of Elders' Name	Chair of the Board of Elders Signature