

Applicant Name _____



Child Protection First!

Application for all Ministries

Thank you for helping us protect our children!

| Application Checklist (For Staff Use Only) | | |
|---|--------------|-----------------|
| Minister / Supervisor | | |
| Position: Volunteer _____ Paid _____ | | |
| | Date: | Initials |
| 1. Application completed in full | _____ | _____ |
| 2. Length of attendance verified | _____ | _____ |
| 3. Interview completed (attach interview sheet) | _____ | _____ |
| Recommended for position by: _____ | | Date: _____ |
| Personnel Office | | |
| 1. Background check completed | _____ | _____ |
| 2. Reference checks completed | _____ | _____ |
| Final Approval by: _____ | | Date: _____ |

CONFIDENTIAL VOLUNTEER AND CHILDCARE APPLICATION

Child Protection First! Policy

for

Pinelake Church

Pinelake Church requires completion of this application by every person who participates in any position involving the supervision or care of minors under the age of 18 for all activities in church facilities or church sponsored events, and by every participant working with senior adults. We believe that God has called us to provide a safe environment that allows for the spiritual growth of those who are in our care.

Name _____ Date _____
Present Address _____
City _____ State: _____ Zip: _____
Daytime Phone _____ Evening Phone _____
Current Employer _____
Occupation _____ Hours per Week _____
On what date would you be available to begin? _____
Would you be available for periodic volunteer training sessions? Yes _____ No _____
Marital Status: Married__ Single__ Divorced__ Widowed__ Spouse Name _____
Ministry(s) where you want to serve (you may check more than one)
Preschool __ Children __ Middle School __ High School __ Music __ Recreation __ Elderly __
Other _____
If applying for employment, what department: _____

Previous Addresses (Please list addresses for past 10 years)

Address: _____ City: _____ State: _____ Zip: _____
Dates From: _____ To: _____

Address: _____ City: _____ State: _____ Zip: _____
Dates From: _____ To: _____

Address: _____ City: _____ State: _____ Zip: _____
Dates From: _____ To: _____

Personal References (People not related to you by blood or marriage. Must provide all information.)

Must have **3** references (Include at least 1 Pinelake Staff member and 1 Pinelake member)

Please include email addresses if known.

Pinelake Staff Member: _____

Pinelake Member: _____

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

Relationship to you: _____ Phone: _____

Email address _____

Name: _____

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

Relationship to you: _____ Phone: _____

Email address _____

What year and in what church (and city) was your profession of faith in Christ?

List any spiritual gifts, talents, callings, training, education, or other factors that have prepared you for teaching minors or the elderly _____

List ALL churches you have previously attended.

Church Name: _____ Phone: _____
City _____ State _____
Attended from: _____ to _____ **Name 1 staff member and 1 other member
who knew you:** _____ & _____

Church Name: _____ Phone: _____
City _____ State _____
Attended from: _____ to _____ **Name 1 staff member and 1 other member
who knew you:** _____ & _____

Church Name: _____ Phone: _____
City _____ State _____
Attended from: _____ to _____ **Name 1 staff member and 1 other member
who knew you:** _____ & _____

Prior Employment(List at least the last 10 years):

Organization Name: _____ Phone: _____
City: _____ State: _____ Dates From/To: _____
Supervisor: _____ Reason for leaving: _____
A person who knew you there: _____

Organization Name: _____ Phone: _____
City: _____ State: _____ Dates From/To: _____
Supervisor: _____ Reason for leaving: _____
A person who knew you there: _____

Organization Name: _____ Phone: _____
City: _____ State: _____ Dates From/To: _____
Supervisor: _____ Reason for leaving: _____
A person who knew you there: _____

Organization Name: _____ Phone: _____
City: _____ State: _____ Dates From/To: _____
Supervisor: _____ Reason for leaving: _____
A person who knew you there: _____

Do you have a valid driver's license? Yes No

Have your driving privileges ever been suspended or revoked? Yes No

Have you ever been charged with, convicted of, or plead no contest or guilty to a felony? Yes No

Have you ever been charged with, convicted of, or plead no contest or guilty to a crime involving minors, molestation, crimes involving pornography, sexual or physical abuse, or other crimes of violence? Yes No

Have you ever been shown by credible evidence (Court Order, Jury, or other reliable source) to have abused, neglected, or deprived a child or to have caused serious injury to another person as a result of your intentional or grossly negligent conduct? Yes No

Do you use illegal drugs? Yes No

Has there been abuse of any kind in your background, whether physical, sexual, drug, or alcohol? Yes No

If yes, have you taken steps to minimize the impact of the issues for you? Yes No

Dispute Resolution Agreement

Pinelake Church believes that the Bible commands Christians to make every effort to live at peace and to resolve disputes with each other in private or within the Christian church (Matthew 18:15-17; I Corinthians 6:1-8). Therefore, any dispute arising from or related to allegations by or against workers, employees, volunteers, church members or their families, will be submitted to the Family Ministry Team for Biblically based conciliation. We want to resolve issues in a fair manner while seeking to preserve or restore relationships fractured by the dispute and allowing the Church to continue its ministry to all people.

Applicant's Statement and Agreement

The information contained in this application is correct to the best of my knowledge. I understand that any false statement or omission of information would be grounds for denial or termination of employment or volunteer service. Should my application be accepted, I agree to be bound by Pinelake Church Child Protection First! policies and to refrain from unscriptural conduct in the performance of my services on behalf of the church. I accept the above Dispute Resolution Agreement. I authorize the church to supply my employment record in whole or in part, and in confidence, to any prospective future employer or other third party, with a legal and proper interest.

Applicant Signature

Date

Applicant Name Printed

IF APPLICANT IS A MINOR, THE PARENT OR GUARDIAN MUST ALSO SIGN AND CERTIFY THIS APPLICATION.

I have read this application in its entirety and to the best of my knowledge the information is true and correct and I know of no reason why the applicant should not be allowed to work directly or indirectly with other minors.

Parent/Guardian Signature

Date

Child Protection First! Policy
for
Pinelake Church

Consent to Release of Confidential Information

Having made application to work with minors/elderly at Pinelake Church and desiring the church to be informed as to my past record and character, I authorize, in accordance with all state and federal laws, any persons, references, employers, churches, or organizations with whom I have had any contact to release to Pinelake Church any information (including opinions) they may have regarding my record, personal character, general reputation, and other qualities pertinent to my service. I also authorize Pinelake Church, at its discretion, to contact any law enforcement or social service agency to determine whether I have ever been charged or plead nolo contendere or convicted of a crime, and I authorize such agencies to release such information to Pinelake Church. I consent to providing my fingerprints for such a criminal check if requested by Pinelake Church. I fully release Pinelake Church, its agents, and all persons, organizations, and agencies from any right or claim of confidentiality and from all claims, actions, or causes of action which may arise as a consequence of exchanging such information.

Full Legal Name _____ Maiden Name _____

Any other names/nicknames by which you are known _____

Address _____

City: _____ State: _____ Zip: _____

Date of Birth _____ Social Security No. _____ Race _____ Sex _____

Driver's License No. _____ State: _____ Expiration Date: _____

Signature

Date

Witness (not a relative)

Statement from Law Enforcement

_____ I have checked our records regarding the person named above and have found no indication that this person has ever been charged, arrested, or convicted of a crime, including neglect, physical abuse, sexual abuse, assault, or any other acts of violence.

_____ I have found some problems with this person's record; please call me for more information.

Signed _____ Date _____

Agency _____ Telephone _____

Date of Birth, Race and Sex are being requested solely for the purpose of identification in obtaining accurate retrieval of records.

A PHOTOCOPY OF THIS AUTHORIZATION SHALL HAVE THE SAME EFFECT AS THE ORIGINAL.