Confidential
Volunteer Application

Please circle the age group(s) you're applying to work with:

Nursery Children (preK-5th) Junior High Senior High

What hour would you prefer to volunteer? (circle) 9:30 11:00 How many times a month? _____
What week(s) a month would you prefer to volunteer? (circle) 1st 2nd 3rd 4th 5th

Name _____
(Last) (First) (Middle Initial)

Maiden/Other Names _____ Home #:_____

Cell #:_____ E-mail address _____

Current Employer _____
Phone & Email _____
Past Employer _____
Phone & Email _____

Do you currently or have you ever served in another ministry at Journey Christian Church? ☐Yes ☐No
What area(s)? _____

How long have you attended services at Journey? _____ Are you a member? Yes No

List other churches you have attended regularly during the past five (5) years, other than Journey Christian Church. (Give name and mailing address.)

List all previous church work involving children, youth or the developmentally disabled (identify church and type of work):

List all gifts, calling, training, education or other factors that have prepared you for work with children, youth or the developmentally disabled:

Does your family support and encourage your participation in this ministry? ☐Yes ☐No

On a scale of 1-10, how activities-driven are you? 1 2 3 4 5 6 7 8 9 10

Do you see yourself as a leader of people? 1 2 3 4 5 6 7 8 9 10

Please give two (2) character references with whom you have had significant contact over the past five (5) years. Please do not use relatives or Journey staff members.

Name:_____ Name:_____

Address:_____ Address:_____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

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Identifying Information for Background Information Agency (also known as "Consumer Reporting Agency")

Print Name: _____
First Middle Last

Other Names (alias, maiden, nickname):_____

Current Address: _____
Street /P. O. Box City State Zip Code County

Former Address: _____
(2 yrs) Street /P. O. Box City State Zip Code County

Social Security Number: _____ (for security purposes only)

Daytime Telephone Number: _____

Driver's License Number: _____ State of Issuance: ____

Date of Birth: _____-_____-_____

Gender: M F (circle one)

PERSONAL BACKGROUND

(1) When working in children areas, you may need to lift toddlers; or if teaching/supervising children, you may need to run short distances in an emergency. Have you any conditions that would prevent you from performing certain types of activities in the position for which you are applying? ☐Yes ☐No

If Yes, please explain _____
_____
_____

(2) Have you ever been charge and/or convicted of domestic violence, pornography, child abuse, child molestation or any other sexual or assaultive crime related to person?

☐Yes ☐No

(3) Have you ever been counseled for any of the situations described in number 2 above?

☐Yes ☐No

Permission to Obtain a Background Check

(This form authorizes the church to obtain background information and must be completed by the applicant. The church must keep this completed form on file for at least two years after requesting a background check.)

I, the undersigned applicant (also known as "consumer"), authorize *Journey Christian Church* through its independent contractor, LexisNexis, to procure background information (also known as a "consumer report and/or investigative consumer report") about me. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and the state sex offender records.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to *Journey Christian Church*, if such is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

Signature: _____

Date: _____