

## Confidential Volunteer Application

This application is to be completed by all applicants for any position involving the supervision or custody of minors. It will help our church family provide a safe secure environment for children.

Name: \_\_\_\_\_ S.S# \_\_\_\_\_

Name of Parents if under 18 \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Previous address (if less than 7 years) \_\_\_\_\_

Email Address: \_\_\_\_\_ Birthdate \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouses Name \_\_\_\_\_

Number of Children \_\_\_\_\_ Ages \_\_\_\_\_ Names \_\_\_\_\_

Occupation: \_\_\_\_\_

Have you ever been charged with, indicted for, or pled guilty to an offense involving a minor? Yes or No (circle one)

Please describe if yes \_\_\_\_\_

\_\_\_\_\_

A background check is done on all applicants. Do you have any objections? \_\_\_\_\_

Are you currently engaged in any conduct contrary to the teachings of the Bible?  
Explain \_\_\_\_\_

\_\_\_\_\_

Is Stallion Springs Community Church your home church? \_\_\_\_\_

Are you a member of Stallion Springs Community Church? \_\_\_\_\_

If not where is your church home? \_\_\_\_\_

Are you involved in any other ministries at Stallion Springs Community Church? explain \_\_\_\_\_

Have you ever served in Children's ministry or helped with VBS before?

if yes, explain \_\_\_\_\_  
\_\_\_\_\_

Have you attended CLASS 101? \_\_\_\_\_

Are you involved in a stallion springs community church home group? \_\_\_\_\_

If so, Who is your home group leader? \_\_\_\_\_

List any volunteer experiences you have had with children \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any other talents or interests you may have \_\_\_\_\_  
\_\_\_\_\_

REFERENCES: (other than family members and over 18 years of age)

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Years known: \_\_\_\_\_ Years Known: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge. I authorize references to provide information they may have regarding my character for working with children. **I agree to a 6 month term. (Term renewable every 6 months)**

Office use only	
Packet read and signed _____	Orientation done _____ date _____
Interview done by _____ date _____	
Fingerprint done _____	
Observation scheduled _____ date _____	Area _____
30 day interview done _____ date _____	Area to serve in _____
start date _____	discontinue date _____ Reason _____