



2 Halfmoon Town Plaza  
 mail: PO Box 1282  
 Clifton Park, NY 12065

Contact: Dcn. Dawn Skramstad  
[revskramstad@yahoo.com](mailto:revskramstad@yahoo.com)  
 for questions regarding the process

**Volunteer Application**

**Applicant Information**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
 \_\_\_\_\_  
City State ZIP Code

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

Date Available: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Children's Ministry: \_\_\_\_\_

Do you give your consent for a background check? YES NO

**Volunteer Process**

1. Please fill out and bring this application form to Dcn. Dawn Skramstad or Dcn. Sue Plaske at church after you have read the Child Protection Policy of the Diocese.
2. A background check will be done. All information is kept in a safe, confidential file.
3. After the background check is approved, please complete the Ministry Safe program: <https://ministrysafe.com/the-safety-system/awareness-training/> Click sign up now. And choose single user. The cost is \$10. Print your certificate. Bring a copy of the certificate to Dcn. Dawn or Sue or send them a saved copy through email: [revskramstad@yahoo.com](mailto:revskramstad@yahoo.com) or [deaconsusanplaske@gmail.com](mailto:deaconsusanplaske@gmail.com)
4. You will be contacted to begin volunteering. Thank you!

**Previous Volunteer Experience if Applicable**

Church: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Other: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Contact: \_\_\_\_\_

*I certify that my answers are true and complete to the best of my knowledge and that I have reviewed and agree with the Child Protection Policy of the Diocese of the Living Word.*

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