WAYPOINTCHURCH

VOLUNTEER APPLICATION FOR WAYPOINT KIDS & STUDENT MINISTRIES

SAFE, SECURE & CONFIDENTIAL

Dear Applicant,

It is with a grateful heart to say thank you for your interest in serving alongside so many others for this wonderful church. One of the most important things we can give back to God is our time and serving His church is doing that.

Along in saying that, it is important for us to protect you in any way we can. That being said, the following pages will be vital and required information of yours that Waypoint Church needs in order to safely approve you to work with the minors of this church.

It is my commitment to you that we will do everything we can to protect the information you submit. Our process will be to receive, use and store in a locked file cabinet wherever the church office is housed and will only be able to be accessed by the Lead Pastor, the Associate Pastor, the Chairman of the Board and one Church Advisory Board Member. No other person will have access to this file cabinet.

Should you have any questions, please feel comfortable asking at any time.

Blessings,

Jeremy Laux
Lead Pastor

Safety Application Form for Volunteers and Employees Confidential

This application should be completed by all applicants for any position (volunteer or employment) involving the supervision of children or students. This is not an employment application. The purpose of this form is to assist in the creation of a safe environment for children or students who participate in the programs of Waypoint Church or use Waypoint Church facilities.

Name: _____

Address: _____

_____

_____

Phone: _____

Drivers License # _____ Social Security # _____ - _____ - _____

Sex: Male _____ or Female _____ Date of Birth: _____

Marital Status: _____ (*single, married, separated, divorced, widowed, etc.)*

How long have you lived at your current address? _____

Previous address: _____

_____

List all other cities and states where you have lived as an adult:

_____

_____

_____

_____

Date: _____

Please list *all previous volunteer work or employment* involving children or students (List each organization's name and address, type of work, dates, and a **contact person** familiar with your work there. **Use back of this page for more space, if necessary.)**

_____

_____

_____

_____

_____

_____

List any talents, vocations, preparation, training or other experiences that have equipped you to work with children or students:

_____

_____

_____

Please complete a separate reference form providing one professional reference (if applicable), one personal reference, and one family member. References must include one family member and one member of the opposite sex. Please contact these references and inform them an authorized Waypoint Church staff person will be contacting them. (**See Reference Form for Volunteers** attached. References supplied on an Employment Application may take the place of this form for applicants seeking *employment* with Waypoint Church.)

Because we care for children and desire to protect them, please answer the following questions. We understand that the answers to these questions may be private and deeply personal, and we will protect your privacy in every possible context. It is the position of Waypoint Church that suspicions or allegations of child abuse or neglect will be reported to relevant state authorities.

Why do you want to work with children or students at Waypoint Church?

_____

_____

Do you have a preference concerning the age group or sex of children or students with whom you would like to work? If so, what is the basis for this preference?

_____

What is your philosophy concerning re-direction or discipline of children?

_____

_____

When you are unhappy, angry or emotional about a person or circumstance, what do you do?

_____

_____

Have you experienced any significant physical or emotional stressors within the past year, such as the loss of a parent, spouse, or child, extreme ill health, or any emotional or physical crisis? If so, please briefly explain. (Use back of page if necessary.)

_____

_____

Have you ever physically or sexually abused a child?

_____

Has someone ever accused you of physically or sexually abusing a child, or molesting a child?

_____

Do you consider yourself to have been physically or sexually abused as a child? **Yes / No**
(We realize this information is potentially sensitive, and it will be kept entirely confidential, where another child's safety is not negatively impacted by confidentiality.) If so please explain:

_____

If you answered 'yes' to the previous question, would you consider counseling or resources (available through or recommended by Waypoint Church) to address any resulting emotional or spiritual harm or damage?

_____

RELEASE

I authorize Waypoint Church to contact all individuals, organizations and references listed on this **Safety Application Form** in order to verify the information I have provided. I agree to release from liability any person or organization providing information related to me, including those persons I have listed as references, as well as contact persons from my previous volunteer work or employment with children.

I specifically authorize Waypoint Church to undertake a criminal background check concerning my past.

I understand and agree that any information received from the background check and application verification will not be disclosed to me except as required by law, and I hereby waive any right I may have to inspect any information provided about me by any person or organization identified by me on this form.

By signing this form, I certify and affirm that the information I have given on this form is true, complete and correct in all respects.

Signature: _____ Date: _____

Reference Form For Volunteers

FAMILY MEMBER	
FULL NAME	
ADDRESS	
PHONE NUMBER	
EMAIL ADDRESS	

FRIEND	
FULL NAME	
ADDRESS	
PHONE NUMBER	
EMAIL ADDRESS	

OTHER (PROFESSIONAL PREFERRED, BUT NOT REQUIRED)	
FULL NAME	
ADDRESS	
PHONE NUMBER	
EMAIL ADDRESS	

References Required: Each applicant must submit the names and phone numbers of the references above. Additional references may be submitted if deemed helpful by applicant in allowing Waypoint Children's Ministry to determine applicant's fitness for volunteer position and qualifications. One of these references should be a person of the opposite sex.

APPLICATION FOR BACKGROUND CHECK

Identity Information - This information will be used in preparing a consumer report.

First Name:

Middle Name:

Last Name:

Former Names and Dates Used:

Social Security Number: - -

Date of Birth: | |

Driver's License Number:

State:

Phone Number: . .

Email Address:

Please list each city/county and state in which you have lived, worked, or attended school during the last ten years. Use a second form if necessary to provide full disclosure.

Current Address: (Street, City, State, Zip)

Previous Address: (Street, City, State, Zip)

Previous Address: (Street, City, State, Zip)

Previous Address: (Street, City, State, Zip)

Additional Information:

Volunteer Statements and Agreed Code of Conduct

Please initial each of the following statements:

_____ I declare that all statements contained in my Safety Application Form are true. I understand that any misrepresentation or omission is cause for dismissal from any ministry involvement.

_____ I understand that **my references and contacts** from prior church or non-church work with children, student, or disabled adults will be contacted and that an appropriate **criminal background check** will be conducted. I authorize investigations of all statements contained in this application. I specifically authorize the church to undertake a criminal background check of my past.

_____ I understand that I must be interviewed and recommended by a member of the Waypoint Church Screening and Selection Committee before I begin service as a volunteer in Waypoint Church ministries.

_____ I understand that I can withdraw from the application process at any time.

_____ I understand that Waypoint Church has a policy of ZERO TOLERANCE FOR ABUSE and takes all allegations of abuse seriously. I further understand that Waypoint Church cooperates fully with the authorities to investigate all cases of alleged abuse. Abuse of any kind is grounds for immediate dismissal from my volunteer position and possible criminal charges.

_____ I declare that I am not a pedophile or child molester. I have not perpetrated physical abuse, sexual abuse, emotional abuse or neglect against a child, student or disabled adult, and I have never been accused of these acts.

_____ I understand and agree that false statements regarding past conduct and/or present situations may be grounds for denial of this application to provide volunteer services, and that refusal to inform Waypoint Church of the contents of a sealed criminal record will result in the automatic denial of the application.

_____ If accepted as a volunteer, I agree to read and abide by all Policies and Procedures provided to me by Waypoint Church.

Signature: _____ Date: _____

For Office Use Only

I have reviewed this application and have noted any missing information.

Screening Committee Member Signature: _____Date: _____