

Volunteer Application


Personal Information -----

DATE: _____

LAST NAME		FIRST NAME		MIDDLE NAME	
DRIVER'S LICENSE NUMBER (PER POSITION)					STATE ISSUED
PRESENT ADDRESS		CITY		STATE	ZIP CODE
DAYTIME PHONE	EVENING PHONE	EMAIL ADDRESS			DATE OF BIRTH (MM/DD only)

Education History -----

	NAME & LOCATION OF SCHOOL	DATES ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				N/A
COLLEGE				
TRADE, BUSINESS, OR OTHER SCHOOL				

Former Employers (List last 10 years of employment history, starting with the most recent) -----

NAME OF PRESENT OR LAST EMPLOYER			<input type="checkbox"/> Please check this box if this job included work with minors and/or vulnerable adults	
ADDRESS		CITY	STATE	ZIP CODE
STARTING DATE	LEAVING DATE	JOB TITLE		
NAME OF SUPERVISOR		TITLE	PHONE	
DESCRIPTION OF WORK				
REASON FOR LEAVING				

Former Employers (continued) -----

NAME OF PREVIOUS EMPLOYER		<input type="checkbox"/> Please check this box if this job included work with minors and/or vulnerable adults	
ADDRESS		CITY	STATE ZIP CODE
STARTING DATE	LEAVING DATE	JOB TITLE	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER		<input type="checkbox"/> Please check this box if this job included work with minors and/or vulnerable adults	
ADDRESS		CITY	STATE ZIP CODE
STARTING DATE	LEAVING DATE	JOB TITLE	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER		<input type="checkbox"/> Please check this box if this job included work with minors and/or vulnerable adults	
ADDRESS		CITY	STATE ZIP CODE
STARTING DATE	LEAVING DATE	JOB TITLE	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

APPLICANT NAME: _____

Volunteer Experience (List volunteer work with minors and/or vulnerable adults from the last 10 years) -----

APPLICANT NAME: _____

AGENCY NAME			
ADDRESS		CITY	STATE ZIP CODE
STARTING DATE	LEAVING DATE	DESCRIPTION OF VOLUNTEER WORK	
NAME OF SUPERVISOR		TITLE	PHONE

AGENCY NAME			
ADDRESS		CITY	STATE ZIP CODE
STARTING DATE	LEAVING DATE	DESCRIPTION OF VOLUNTEER WORK	
NAME OF SUPERVISOR		TITLE	PHONE

AGENCY NAME			
ADDRESS		CITY	STATE ZIP CODE
STARTING DATE	LEAVING DATE	DESCRIPTION OF VOLUNTEER WORK	
NAME OF SUPERVISOR		TITLE	PHONE

AGENCY NAME			
ADDRESS		CITY	STATE ZIP CODE
STARTING DATE	LEAVING DATE	DESCRIPTION OF VOLUNTEER WORK	
NAME OF SUPERVISOR		TITLE	PHONE

AGENCY NAME			
ADDRESS		CITY	STATE ZIP CODE
STARTING DATE	LEAVING DATE	DESCRIPTION OF VOLUNTEER WORK	
NAME OF SUPERVISOR		TITLE	PHONE

Residence History (List last 10 years of residence history, starting with the most recent) -----

DATES	ADDRESS	CITY	STATE	COUNTY	ZIP CODE

APPLICANT NAME: _____

References -----

1. You must list a minimum of three references.
2. You must list as a reference a supervisor or co-worker from each job and volunteer experience in which you have worked with minors and/or vulnerable adults. The reference must be familiar with the quality of your work and must have known you in a work environment.
3. You must include at least one personal reference. If you have had no work or volunteer experience, list three personal references. If you have had many jobs and volunteer experiences involving work with minors and/or vulnerable adults, you must still include at least one personal reference. The personal reference(s) should include only individuals who have known you for more than one year such as family friends, school counselors, previous teachers, and family members.

NAME OF PERSONAL REFERENCE		RELATIONSHIP			
ADDRESS		CITY		STATE	ZIP CODE
PHONE (required)		EMAIL			

NAME OF PERSONAL REFERENCE		RELATIONSHIP			
ADDRESS		CITY		STATE	ZIP CODE
PHONE (required)		EMAIL			

NAME OF PERSONAL REFERENCE		RELATIONSHIP			
ADDRESS		CITY		STATE	ZIP CODE
PHONE (required)		EMAIL			

References (continued) -----

NAME OF PROFESSIONAL REFERENCE NOT RELATED TO YOU		WORK/VOLUNTEER RELATIONSHIP		
ADDRESS	CITY	STATE	ZIP CODE	
PHONE (required)		EMAIL		

NAME OF PROFESSIONAL REFERENCE NOT RELATED TO YOU		WORK/VOLUNTEER RELATIONSHIP		
ADDRESS	CITY	STATE	ZIP CODE	
PHONE (required)		EMAIL		

NAME OF PROFESSIONAL REFERENCE NOT RELATED TO YOU		WORK/VOLUNTEER RELATIONSHIP		
ADDRESS	CITY	STATE	ZIP CODE	
PHONE (required)		EMAIL		

NAME OF PROFESSIONAL REFERENCE NOT RELATED TO YOU		WORK/VOLUNTEER RELATIONSHIP		
ADDRESS	CITY	STATE	ZIP CODE	
PHONE (required)		EMAIL		

NAME OF PROFESSIONAL REFERENCE NOT RELATED TO YOU		WORK/VOLUNTEER RELATIONSHIP		
ADDRESS	CITY	STATE	ZIP CODE	
PHONE (required)		EMAIL		

Church Membership/Affiliation (Please list dates of recent church memberships/affiliations) -----

NAME OF CHURCH	MEMBER SINCE	AFFILIATED SINCE

APPLICANT NAME: _____

Disclosure and Authorization for Release



I have never been convicted of a crime, nor have I pled guilty or no contest to a crime.
(Exclude convictions that have been sealed, expunged or legally eradicated, misdemeanor convictions for which probation was completed and the case was dismissed, or offenses about which inquiry is not permissible in this state)

☐
TRUE

☐
NOT TRUE

If not true, please briefly describe the nature of the crime(s), the date and place of conviction and the legal disposition of the case. The church will not deny a position to any applicant solely because the person has been convicted of a crime. The church, however, may consider the nature, date and circumstances of the offense, as well as whether the offense is relevant to the duties of the position applied for.

No civil lawsuit alleging actual or attempted sexual discrimination, harassment, exploitation, or misconduct; physical abuse; child abuse; or financial misconduct has ever resulted in a judgment being entered against me, been settled out of court, or being dismissed because the statute of limitations has expired.

☐
TRUE

☐
NOT TRUE

If not true, please give a short explanation of the lawsuit. (Please indicate the date, nature, and place of the incident leading to the lawsuit; where the lawsuit was filed; and the precise disposition of the lawsuit.)

I have never terminated my employment, professional credentials, or service in a volunteer position or had my employment, professional credentials, or authorization to hold a volunteer position terminated for reasons relating to allegations of actual or attempted sexual discrimination, harassment, exploitation, or misconduct; physical abuse; child abuse; or financial misconduct.

☐
TRUE

☐
NOT TRUE

If not true, please give a short explanation. (Please indicate the date of termination; name, address, and telephone number of employer or volunteer supervisor; and nature of the incident(s) leading to your termination.)

Answer the next 2 questions only if driving will be an essential function of the position for which you are applying.

Do you have a valid driver's license?

☐
YES

☐
NO

With respect to my driving record, I have not had my license suspended or revoked within the last five years due to reckless driving or driving while intoxicated and/or under the influence of a controlled substance.

☐
TRUE

☐
NOT TRUE

Is there any fact or circumstance involving you or your background that would call into question your being entrusted with the responsibilities of the position for which you are applying?

☐

YES

☐

NO

If yes, please provide a brief explanation.

The covenants between individuals seeking positions (paid or volunteer) of ministry in the church require honesty, integrity, and truthfulness for the health of the church. To that end, I attest that the information set forth in this application is true and complete. I understand that any misrepresentation or omission may be grounds for rejection of consideration for, or termination of, the position I am seeking to fill. I acknowledge that it is my duty in a timely fashion to amend the responses and information I have provided if I come to know that the response or information was incorrect when given or, though accurate when given, the response or information is no longer accurate.

Beginning such relationships with an open exchange of relevant information builds the foundation for a continuing and healthy covenant between employees or “authorized volunteers” and the church they seek to serve. To that end, I authorize Fairhill Manor Christian Church and/or its agents to make inquiries regarding my character and qualifications, including all statements I have set forth above. I also authorize all entities, individuals, former employers, supervisors, courts, law enforcement, and other public agencies to respond to inquiries concerning me, to supply verification of the statements I have made, and to comment on and state opinions regarding my background, character, and qualifications. To encourage such individuals and entities to speak openly and responsibly, I hereby release them from all liability arising from their responses, comments, and statements.

Fairhill Manor Christian Church’s employee/volunteer recruitment process involves the sharing of information regarding applicants with those individuals in a position to recruit, secure, and supervise both the position I am seeking to fill and program in which I am seeking to participate. To that end, I authorize Fairhill Manor Christian Church and its agents to circulate, distribute, and otherwise share information gathered in connection with this application to such individuals for these purposes. I understand that Fairhill Manor Christian Church will share with me information it has gathered about me, if I request it to do so.

If I am offered and accept employment or volunteer service with the church, I agree to comply with its published policies and rules, including those related to harassment of employees, reporting known or suspected child neglect or abuse and similar requirements. If requested to do so, I will cooperate with any church investigation of a possible violation of church policies and rules by providing complete and truthful information in an oral and/or written statement.

PRINTED NAME

SIGNATURE

DATE

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