NELAND AVENUE CHURCH

Youth-Ministry Volunteer Application

This application is to be completed by all applicants for any volunteer positions involving the supervision of minors. An interview may also be conducted. This is not an employment application form. Please return completed form to the Church office.

Please check the program(s) you are willing to serve, or are currently serving with:

 ☐ Infant/Toddler Nursery ☐ GEMS ☐ TNG (High School Youth Group) 	 Children & Worship Cadets Mentoring/Tutoring Other: 	Church School	эm)
Today's Date:	Driver's License#:		_
First Name:	Initial:Last Name:		
Address:			
Maiden Name (If Applicable):	Phone Number Home:	Cell:	
Email Address:			
Date of Birth:	Race:		
Have you at any time ever:	(required to co	omplete background checks)	
• Been arrested for any reason?	YesNo		
Been convicted of, or pleaded guilty o	or no contest to, any crime?	Yes No	
• Engaged in, or been accused of, any c	hild molestation, exploitation, or abuse?	Yes No	
Are you aware of:			
Having any traits or tendencies that co	ould pose any threat to children, youth, o	r others? Yes No	
• Any reason why you should not worl	k with children, youth, or others?	YesNo	
If the answer to any of these questions is "yes	s," please explain in detail:		

Volunteer/Worker Verification and Release: Volunteers and Employees

I recognize that Neland Avenue Church is relying on the accuracy of the information I provide on the Worker/Volunteer Application form. Accordingly, I attest and affirm that the information I have provided is absolutely true and correct.

I voluntarily release the organization and any such person or entity listed on the Worker/Volunteer Application form from liability involving the communication of information relating to my background or qualifications. I understand that a background check will be completed as needed. I further authorize the organization to conduct a criminal background investigation if such a check is deemed necessary.

I agree to abide by all policies and procedures of the organization and to protect the health and safety of the children or youth assigned to my care or supervision at all times.

Printed name: _____

Signature: