



FIRST ALLIANCE CHURCH

Volunteer Personnel Form

**Application for work with children, youth, and/or
developmentally disabled persons**

Please Print Clearly

Date _____

Name _____ Birthdate _____
Last First Middle/Maiden

Current Address _____

Past Address if less than a year _____

Phone _____

Email Address _____

Marital Status _____

Social Security Number _____

Employer _____

How long have you been attending First Alliance Church? _____

Where would you like to serve? _____

When are you available to serve? _____

When and how did you become a Christian? _____

Describe your walk with the Lord. Where are you right now? _____

List (name and address) other church(es) you have attended regularly during the past five years: _____

What types of volunteer work with children and youth have you done in the past ten years?

Church or Organization Duties Date Supervisor's Name

Are you a member of First Alliance Church of Toccoa? Yes No

If so, when did you come a member? _____

If not, are you willing to become a member? Yes No

Have you been baptized? Yes No

If so, when? _____

Office Use Only:

Date Received: ____/____/____ Risk Management Class Date: ____/____/____

Record Check Submitted: ____/____/____ Record Check Returned: ____/____/____

Background Check Result: _____

Ministry Area(s): _____

Volunteer's Name _____
Last First

Personal References

One must be from a pastor or youth pastor, current or former.
No former employers or relatives.

1. Name: _____ Phone: _____
Complete Mailing Address: _____
Email Address: _____

Staff Person Making Call: _____ Date of Call: _____ Summary of Call: _____ _____

2. Name: _____ Phone: _____
Complete Mailing Address: _____
Email Address: _____

Staff Person Making Call: _____ Date of Call: _____ Summary of Call: _____ _____

3. Name: _____ Phone: _____
Complete Mailing Address: _____
Email Address: _____

Staff Person Making Call: _____ Date of Call: _____ Summary of Call: _____ _____

This information will be held confidential:

Volunteer's Name _____

Do you have any condition that might restrict or prevent you from performing certain types of activities in the position for which you are being considered? (For example, if working in the child care areas, are you able to lift toddlers? If teaching/supervising children, are you able to run short distances in an emergency?)

Yes No

If yes, please explain: _____

Have you ever committed an act of domestic or other violence or perpetrated or engaged in child pornography, child abuse, child molestation, or any crime related to persons?

Yes No

Have you ever been convicted of any crime (other than traffic violations) including, but not limited to, crimes involving domestic violence, child pornography, child abuse, child molestation, or any other crime related to persons?

Yes No

If yes, please specify the date of the conviction, the nature of the crime for which you were convicted, and the name and address of the court in which you were convicted.

Do you suffer from any contagious or infectious disease or condition that could be transmitted to others in the volunteer work you would be performing for this church?

Yes No

If so, please describe the nature of the disease or condition. (Please include diseases and conditions such as tuberculosis, HIV infection, and Hepatitis A & B, even if you believe the risk of transmission may be relatively low.)

Have you ever been subject to any disciplinary action (including discharge) or investigation by a church, religious or other organization, or by any employer?

Yes No

If the answer is yes, please provide the following information: the date and nature of the disciplinary action or investigation the reason for the disciplinary action or investigation; the name and address of the church, organization or employer involved; and the name and telephone number of a person familiar with the circumstances of the disciplinary action or investigation.

Applicant's Statement

The information contained in this application, pages one to five is correct to the best of my knowledge. I authorize any references or churches listed in this application to release any information they may have regarding my character and fitness to work with children, youth or developmentally disabled persons, and I release all such references from liability for any damage that may result from furnishing such evaluations.

I understand that if I work in a volunteer capacity and should my character and morals be inappropriate and /or criminal, or I fail to abide by the policies and procedures of the Church, my volunteer assistance shall be "at will" and that this Alliance Church shall be entitled to terminate my volunteer capacity at any time without expressed cause or prior notice, regardless of any other oral or written statements by the church prior to, at, or following the date of commencement of volunteer service, unless set out in writing, dated and signed by both parties. I also understand and agree that I am not an employee of the Church and that I have no expectation of future employment. As a volunteer, I have no entitlement to or expectation of compensation, health insurance, or other employee benefits, or unemployment or worker's compensation insurance benefits.

I have read, understand, and agree to abide by the Christian and Missionary Alliance's Child Abuse Policy, which refers to children/youth under eighteen years of age and developmentally disabled persons of any age. I will report any known or suspected child abuse or other violation of policy to the senior pastor, church staff member, elder, or other designated authority in accordance with Church policy and procedure.

I affirm that I will strictly comply with all policies and procedures of First Alliance Church Toccoa including, but not limited to, its Safe Place Plan. If at any time I find that for any reason I am unable to support the vision, policies, procedures, or doctrine of this Church, I will resign my volunteer position.

State government provides a criminal records check service to nonprofit organizations. Use of that service helps to insure a safer environment for those to whom we minister as well as protection for volunteers, should a false allegation occur. Because attorneys for the Christian and Missionary Alliance recommend that occasional use of such services can be important, I consent to this Alliance church conducting a criminal record check, as deemed necessary.

Applicant's Signature: _____ Date: _____

Applicant's Name (please print): _____

Witness' Signature: _____ Date: _____

Witness' Name (please print): _____