

# EMMANUEL BAPTIST CHURCH - VOLUNTEER APPLICATION

## APPLICANT INFORMATION

Name (Last)	(First)	(Middle)	Date
Address		City	State Zip Code
Phone	Alternate Phone	Best Contact Time	E-Mail Address
Volunteer Position(s) Considering			Date of Birth
What Hours Are You Available to Work?			
In Case of Emergency Notify	Phone	Name of Nearest Relative	Phone
Special Interest and Hobbies			
Do you have your own transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No DL# _____, State issued: ____	Liability Insurance on Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How long do you anticipate you can commit to this volunteer role?			
Why would you like to volunteer as a worker with children and/or youth?			
What qualities do you have that would help you work with children and/or youth?			

## VOLUNTEER EXPERIENCE

Have you ever volunteered in the past?			
Job Position	Supervisor	Start Date	End
		Date	
Job Position	Supervisor	Start Date	End
		Date	

## CRIMINAL HISTORY

Have you ever been charged or pled guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, other crimes of violence, theft, or motor vehicle violations)?

Check one:  Yes  No

If Yes, please explain fully:

Have you ever been involved in reporting an incident of child abuse or neglect?  Yes  No

Have you ever been convicted of a criminal offense?

Check one:  Yes  No

Do you currently have any criminal actions pending in which you are a Defendant?

Check one:  Yes  No

Are you currently on probation or parole?

Check one:  Yes  No

If you answered "Yes" to any of the above questions, please explain the nature of the offense and provide the date of the offense and the country and state in which it occurred?

## PERSONAL REFERENCES:

Name	Address	Phone	Occupation	Relationship
Name	Address	Phone	Occupation	Relationship
Name	Address	Phone	Occupation	Relationship

## APPLICANT STATEMENT

(Read and Sign Below)

I certify that this volunteer application was completed by me and that all of the information on this application is true and correct to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts called for herein will result in my disqualification from further consideration as a volunteer. I understand that this volunteer application is not valid without my signature.

Print Name	
Signature	Date

SHARE YOUR TESTIMONY

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For Pastoral Staff and/or Directors:

<input type="checkbox"/> Completion of Volunteer Application	Date Completed:
<input type="checkbox"/> Background Check cleared	Date Completed:
<input type="checkbox"/> Volunteer has received Sexual Misconduct Policy and Procedures	Date Completed: