

VOLUNTEER APPLICATION
Salem Evangelical Church

Department / Classroom you desire to serve in:

Name: _____ Parent's name if a minor: _____

Address: _____

Daytime phone: _____ Evening/cell phone: _____

Email: _____ Date of birth: _____ Current age: _____

Employer: _____ Occupation: _____

Current job responsibilities & schedule: _____

Previous work experience: _____

Previous volunteer experience: _____

Special interests, hobbies & skills: _____

Times you would be available/willing to serve: _____ Sunday 9:15 AM _____ Sunday 11:00 AM _____ Sunday PM
_____ Wednesday PM _____ Other

Can you make a one-year commitment to this volunteer role?

How long have you been a Christian? _____ How long have you attended SEC? _____

What experience do you have working with children and/or youth?

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/youth?

How were you parented as a child?

How do you discipline your own children?

Have you ever been charged, convicted of, 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)?
_____ No _____ Yes (if yes, please give a brief explanation)

Have you ever been exposed to an incident of child abuse or neglect? _____ No _____ Yes (if yes, please give a brief explanation)

If yes, how did you feel about the incident?

Would you be available for periodic volunteer training sessions? _____ No _____ Yes

Applicant's signature: _____ Date: _____

Parent's signature if applicant is a minor: _____ Date: _____

FOR OFFICE USE ONLY

Date received: _____ Approved by: _____
Youth Pastor Approval if applies:

Background check completed: _____ Date: _____ Comments: _____

PARTICIPATION COVENANT STATEMENT

Salem Evangelical Church

Salem Evangelical Church is committed to providing a safe and secure environment for all children, youth and volunteers who participate in ministries and activities sponsored by the church. The following summary of policy statements reflect SEC's commitment to preserving this church as a holy place of safety and protection for all who would enter and as a place in which all people can experience the love of God through relationships with others.

By signing below I agree to the policy summary statements and agree to adhere to Policies 10-002 and 30-005.

1. **Two Adult Rule** - Adult volunteers with children and youth shall observe the "Two-Adult Rule" at all times so that no adult is ever alone with children or youth.
2. **Training** - Attend regular training and educational events provided by the church to keep volunteers informed of church policies and curriculum.
3. **Reporting** - Report to their supervisor any behavior that seems abusive or inappropriate.
4. **Policy and Procedure Manual** - Observe and abide by church policies and direction regarding working in ministries with children and youth to include Policy Number 10-002 and 30-005
5. **Convicted** - Agree to inform a minister of this congregation if you have ever been convicted of child related incident?

If you've been exposed to child abuse in the past, are you open to discuss with a pastor your experience? <i>(Answering yes to this question does not automatically disqualify you from volunteering with children or youth.)</i>	Not Applicable	Yes	No
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I have read this **Participation Covenant**, and I agree to observe and abide by the policies set forth above.

Print Applicant's Full Name:

Signature of Applicant:

Date:

Parent's Signature if a minor:

Date:

Volunteer Applicant References
Salem Evangelical Church

Please list 3 personal reference (people who are not related to you by blood or marriage) and provide complete address and phone information for each. References are confidential.

Name:

Address:

Daytime phone:

Evening phone:

Relationship to reference:

Name:

Address:

Daytime phone:

Evening phone:

Relationship to reference:

Name:

Address:

Daytime phone:

Evening phone:

Relationship to reference:

**Volunteer Reference Form
Salem Evangelical Church**

Name of volunteer applicant:

Reference name:

Phone:

Address:

What is your relationship to the applicant?

How long have you known the applicant?

How well do you know the applicant?

How would you describe the applicant?

How would you describe the applicant's ability to relate to children and/or youth?

How would you describe the applicant's ability to relate to adults?

How would you describe the applicant's leadership abilities?

How would you feel about having the applicant as a volunteer worker with your child and/or youth?

Do you know of any characteristics that would negatively affect the applicant's ability to work with children and/or youth? If so, please describe.

Do you have any knowledge that the applicant has ever been convicted of a crime? If so, please describe.

Please list any other comments you would like to make:

Reference inquiry completed by:

(Signature)

Date:

FOR OFFICE USE ONLY

Date Received:

Approved by:

Youth Pastor Approval if applies:

Comments:

I understand that **FIRST ADVANTAGE** will be preparing my volunteer criminal background report on behalf of **SALEM EVANGELICAL CHURCH**. I understand that this report may include, but is not limited to, criminal and civil court records, and/or driving records (if applicable to the position for which I am applying).

I authorize all such persons or entities who may possess said information, to release the same to First Advantage in order to complete said report. This authorization shall be valid as of the date below and, if my volunteer status is approved, shall continue throughout my time with Salem Evangelical Church. I further understand that use of a photocopy of this form may be necessary to complete this report. I authorize that use and request that such a copy be honored fully.

I certify that the facts and information in this form, and any attachments are true and complete to the best of my knowledge.

Applicant Signature _____
Date

APPLICANT INFORMATION:

(Please print clearly)

Last Name _____
First Name _____
Middle Name

Other Name(s) Used (AKA)

Social Security Number _____
Date of Birth

Street Address City State Zip

Mailing Address (if different) City State Zip

You are **REQUIRED** to provide all previous residences within the last 7 years; list each residence below, along with the date of residence. Attach a second sheet of paper (signed and dated) if necessary.

Dates (MM/YY)	Residence Address	City	State	Zip

Yes, I would like to receive a copy of my report at my: Street Address Mailing Address

To contact First Advantage, write, call, or email them at:

PO Box 403532

Atlanta, GA 30384-3532

Phone: 1-800-853-2414

Email: employment.support@fadv.com

<https://employment.fadv.com>