



**ST. JOHN'S LUTHERAN CHURCH
VOLUNTEER APPLICATION
FOR WORKING WITH MINORS**

INFORMATION

Name (First Middle Last) _____ Birthdate _____

Address _____ City _____ State _____ ZIP _____

Phone _____ Email _____

Other Names (if any) _____ Place of Birth _____

Social Security Number _____ Are you a St. John's member? _____

VOLUNTEER INFORMATION

With what age group do you want to volunteer?

- Children (under 12) Youth (13-18)

Why do you want to volunteer with minors?

List any education, experience, certifications, or other training relevant to working with minors.

CRIMINAL HISTORY

Have you ever been charged, convicted of, or plead 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?

- Yes No

Have you ever been convicted of a criminal offense?

- Yes No

Are you currently on probation or parole?

- Yes No

If you answered "Yes" to any of the above questions, please explain fully: _____

IN CASE OF EMERGENCY

Contact _____ Phone _____

Medical Insurance Provider _____ ID# _____

Physician's Name _____ Phone _____

Health Concerns (allergies, medication, etc.):

Please Select One:

- I authorize an agent of St. John's Lutheran Church to make arrangements for me to receive medical/hospital care including necessary transportation, in accordance with their best judgment. I agree to pay all costs as a result of the emergency that are not covered by my insurance.
- I do not choose the above statement and leave the following alternative action in the event of an emergency:

AUTHORIZATION & APPLICATION STATEMENT

Read & Sign Below

I, _____, hereby authorize St. John's Lutheran Church to obtain and/or request information about my criminal history and fingerprints from any entity chosen specifically for conducting this search, to release information regarding any record of charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is local, state, or national file, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by city, county, state, and federal law. I do release said entities from all liability that may result from any such disclosure made in response to this request. I may revoke this request at any time, but that revocation must be in writing and give 30 days' notice of same.

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 I also need to submit a Volunteer Screening Release Form and a Safety of Minors: Policies and Practices Compliance Form in order for my application to be considered complete. I understand that this volunteer application is not valid without my signature.

Print Name _____

Signature _____ Date _____

FOR STAFF/OFFICE USE ONLY

Application received on: _____ By: _____

Volunteer Screening Release Form received on: _____ By: _____

Safety of Minors Compliance Form received on: _____ By: _____

Interviewed by: _____

Notes: _____