

Confidential Volunteer Application Form

This application is to be completed by all applicants for any position involving the supervision or custody of minors. It will help our conference family provide a safe and secure environment for children.

Personal

Last Name_____First Name_____Middle Initial_____

City_____State_____Zip_____

Email_____

Home Phone_____Cell Phone_____

Occupation_____

Have you ever been charged with, indicted for , or pled guilty to an offense involving a minor?Yes__No__

If yes, please describe all convictions for the past seven years._____

Church

Are you a member of Church? _____

Church Address_____City/State/Zip_____

List any gifts, callings, training, education, or other factors that have prepared you for teaching._____

Please included the type of work involving children that you performed_____

References

List all Church/ non-church work involving children. Attach additional sheet if necessary.

Organization	Address	City/State/Zip	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applicant Statement (Please read and initials each statement.)

____ The information contained in this application is correct to the best of my knowledge.

____ I authorize references or churches listed in this application to provide information (including opinions) they may have regarding my character and fitness for working with children.

____ I release all such references from any liability for furnishing such evaluations, provided they do so in good faith and without malice.

____ I waive any right I may have to inspect references provided on my behalf.

____ Should my application be accepted, I agree to be bound by the bylaws and policies of this conference and to refrain from unscriptural conduct in the performance of my services on be the conference.

____ I further state that I have carefully read the forgoing release and know the content there of and I sign this release as my own free act. This is a legally binding agreement which I have read and understand.

Applicant's Signature _____ Date _____

Witness _____ Date _____

As all know we are hosted the Baptist Conference 2018, and on behalf of Children Ministry(VBS) we would like to encourage all churches member to support in this ministry, Our goal is to have 4 volunteers per classroom to allow necessary flexibility. Almost all volunteers can't be present every section during conference. And thus have 4 volunteers allows proper classroom coverage.

Name:_____Email:_____

Address:_____Phone#_____

Are you a member of Church? Name of Church:_____

Have you ever worked with a ministry involving children? Yes_____No_____

If so, What did you do?_____

With which age group are you most comfortable? (please check one)

Pre-Kinder_____1st-3rd Grade_____

4th-6th Grade_____

With which activities are you most preferred? (please check one)

Bible Teaching:_____Arts & Crafts_____Games_____Music_____Snack_____Others_____

Are you available to work fulltime during VBS? Yes_____No_____If not, which day during VBS?

Friday 9am-12noon_____Friday 2pm-5pm_____

Friday 7pm-9pm_____

Sat 9am-12noon_____Sat 2pm-5pm_____Sat 7pm-9pm_____

Sunday 9am-12pm_____

Would you please provide adult references if you are Pre-teen or Teen: Parent(s) Name:_____

Phone# _____ Email _____

Parent(s) Signature: _____ Date _____