

Faith Lutheran Church Volunteer Information Sheet

Thank you very much for your interest in ministering to our infants, children and youth! Please take a few minutes to fill out this form. Faith Lutheran Church places a high value on providing a safe environment and this form will help us do that.

+++++ Information provided will remain confidential and secured. +++++

GENERAL INFORMATION

Name: _____ Home Phone: _____

First Middle Last

Address: _____ E-mail Address: _____

City, State, Zip: _____

In case of an emergency, whom should we contact? _____ Phone: _____

All volunteers working with infants, children, and/or youth must successfully:
Complete this form AND be a member of Faith Lutheran Church for six months.

If you do not meet the above criteria but fall into one of the following categories you may still qualify to work with our infants, children and youth. Please indicate which area you fall into:

_____ currently in a paid or volunteer position where I have successfully completed a screening process equal to or greater in restriction and comprehension to Faith Lutheran Church. Where _____
_____ a current employee of the ELCA. Where _____
_____ teacher who is currently certified and employed within a school system, institution, or church setting.
Where _____
_____ currently a counselor at a church camp. Where _____
_____ currently employed by a social service agency. Where _____

SPIRITUAL INFORMATION

Do you believe in God the Father, Son and Holy Spirit as professed in the Apostles' Creed? _____

Do you believe the Bible is the inspired written word of God? _____

Do you agree to teach and work with the infants, children, and youth in your care without contradicting the boundaries of Faith Lutheran Church's mission? _____

What best describes your affiliation with Faith?

_____ Member: Active, Participating

_____ Non-member: Regular Attendee

_____ Member: Occasional Participation

_____ Non-member: Occasional Attendee

How long have you been attending Faith Lutheran Church? _____

Please list other churches you have attended regularly over the past five years, if applicable (name of church and city): _____

We want this to be a positive experience for you. In order to keep your spiritual energy at a high level, we strongly encourage and expect you to remain faithful and regular in worship. Is there any other kind of specific spiritual support you would like from this ministry team to help you carry out your volunteer ministry more effectively (Bible studies, prayers of support, training, etc.)?

Please list previous volunteer work you have done with children or youth in the past (when, where/name of church or organization, and what):

SAFETY INFORMATION

The requested information below is needed for a criminal background check, which Faith Lutheran Church reserves the right to do in order to insure the safety of children in our care. Again, please be assured this information will remain confidential and secured.

Birth date (month/day/year): _____ Social Security Number _____ - _____ - _____

_____ If checked, please attach a photocopy of your driver's license.

Other names you have used in your lifetime (maiden name, different last name, etc.): _____

How long have you lived in the State of Iowa? _____

Have you ever been convicted or pleaded guilty of a criminal offense against a person? _____

Have you ever been sexually or physically abused? No _____ Yes _____

Do you have a record of founded child abuse? No _____ Yes _____

If you have answered yes to any of the above, please explain:

Do you wish to speak with a pastor? Yes _____ No _____

Do you have any training/certification in first aid or CPR? _____

References

At least one of these references should be a Faith Lutheran member. If you are not a member or have been a member for less than six months, please list Pastor of most recent church. Other references should be an employer or other organization for which you have volunteered.

Name _____

Position _____

Relationship _____

Phone _____

Address _____ City _____

State _____ Zip _____

Name _____

Position _____

Relationship _____

Phone _____

Address _____ City _____

State _____ Zip _____

Name _____

Position _____

Relationship _____

Phone _____

Address _____ City _____

State _____ Zip _____

I give Faith Lutheran Church the right to make a thorough investigation of the information presented in this form, volunteer work and other activities, and I release from all liability all persons, companies, churches and agencies supplying such information. I also release Faith Lutheran Church, its employees, agents, and representatives from all liability, which might result from making such investigation. I understand that any false answer and statements or implications made by me in this application or other required documents shall be considered sufficient cause of denial to participate in the programs of Faith Lutheran Church involving infants, children and youth. I understand that Faith Lutheran Church may request a review of policy/criminal records concerning me. I understand that falsification of any information provided by me on my application or non-disclosure of any material information may be grounds for rejection, or for my discharge upon discovery. This information will be used in a consistent and nondiscriminatory fashion, and all reasonable efforts will be made to share this information on a need to know basis only.

Signature: _____ Date: _____

**THANK YOU FOR TAKING THE TIME TO FILL OUT THIS INFORMATION SHEET...
AND THANK YOU FOR YOUR INTEREST IN SERVING AS A CHILDREN'S MINISTRY/YOUTH VOLUNTEER!**