# Thomas Alexander Insurance Agency & Associates Inc.MPLE CHILDREN/YOUVTH MINISTRY VOLUNTEERAPPLICATION

Volunteer Application

Name:

Daytime telephone:

Address:

In which children’s/youth program(s) do you want to become involved?

What skills would you bring to the children’s/youth program?

**WHAT OTHER CHILDREN’S/YOUTH WORK EXPERIENCE DO YOU HAVE? (Please list)**

**Contact**

**Organization**

**Program**

**Dates**

**HAVE YOU AT ANY TIME EVER:**

* Been convicted of, or pleaded guilty or no contest to, any crime?
* P articipated in, or been accused, convicted, or pleaded guilty or no contest

 to abuse or any sexual misconduct? Yes No

 Yes

 No

**ARE YOU AWARE OF:**

* Having any traits or tendencies that could pose any threat to children, youth, or others? Yes No • Any reason why you should not work with children, youth, or others? Yes No

If the answer to any of these questions is “yes,” please explain in detail:

*(Please attach additional pages if more space is needed)*

# ALE CHILDREN/YOUTH MINISTRY VOLUNTEER APPLICATION

**CHURCH ACTIVITY**

What church or churches have you attended in the past five years?

Church name:

Pastor’s name:

Years attended:

Church name:

Pastor’s name:

Years attended:

Church name:

Pastor’s name:

Years attended:

**SUPPLY AT LEAST TWO INDEPENDENT REFERENCES**

**(Not relatives. Past ministry leaders or former employees preferred.)**

Name:

Relationship:

Address:

Phone:

Name:

Relationship:

Address:

Phone:

Name:

Relationship:

Address:

Phone:

**Thomas Alexander Insurance Agency & Associates Inc.**

**CHILDREN’S/YOUTH WORK VERIFICATION AND RELEASE**

I (Applicant’s Name) recognize that (name of organization)

is relying on the accuracy of the information I provide on the Children/Youth Ministry Volunteer Application form. Accordingly, I attest and affirm that the information I have provided is absolutely true and correct.

I authorize the organization to contact any person or entity listed on the Children/Youth Ministry Volunteer Application form, and I further authorize any such person or entity to provide the organization with information, opinions, and impressions relating to my background or qualifications.

I voluntarily release the organization and any such person or entity listed on the Children/Youth Ministry Volunteer Application form from liability involving the communication of information relating to my background or qualifications.

I have carefully read the policy and procedures of the organization, and I agree to abide by them and to protect the health and safety of the children or youth assigned to my care or supervision at all times.

Printed name:

Signature:

Date:

# E CHILDREN/YOUTH MINISTRY VOLUNTEER APPLICATION

**MINOR APPLICANTS**

Parental Affirmation and Consent

 I, (print name) affirm that I am the parent/legal

guardian of the applicant. I recognize that (name of organization) is relying on the accuracy of the information provided. To the best of my knowledge, I affirm and attest that the information provided is true and correct. I further attest and affirm that I am aware of no traits or tendencies of (applicant’s name) that could pose any threat to children, youth, or others.

 Date:

Printed name:

Signature: