



Carbondale Church of Christ

"a growing community"

YOUTH VOLUNTEER APPLICATION

As a volunteer, you play an important role in the life of the Carbondale Church of Christ. As part of our commitment to provide a safe and comfortable environment for everyone who participates in the activities of our church we request the following information.

Name: _____

Address: _____

Phone: Home _____ Work _____ Cell _____

D.O.B: _____ **S.S.N:** _____

Emergency contact: Name _____ # _____

Relationship _____

Physician's name and phone # _____

Volunteering for: (please check all that apply)

Chaperone

Driver

DL# _____ Expires _____

Teacher

Nursery Worker

Please list addresses where you have lived during the past five years.

Address

Date

Church Activity-What church(es) have you attended in the past five years?

Church name

Minister's name

Years attended

References- (Other than relatives, please provide two)

Name/Relationship

Phone

Any health issues we need to be aware of?-(e.g. allergies, medications, seizures, limitations, etc.)_____

Have you previously received any applicable training? (e.g. CPR, conflict resolution, child abuse prevention)_____

Youth Volunteer Verification and Release

I authorize the organization to contact any person or entity listed on the 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 further authorize the organization to conduct a criminal background investigation if such a check is deemed necessary.

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

I have fully disclosed any health issues that would pose a danger or risk to the children in my care or that would prevent me from safely performing the duties for which I have volunteered. 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.

Signature_____Date_____

(C=Chaperone; D=Driver; N=Nursery; T=Teacher)	
<u>For office use only</u>	
<u>Necessary Documentation</u>	<u>Reviewed by/Date</u>
__Driver Policy reviewed (D C)	_____
__Disaster Response Policy reviewed (T N C)	_____
__Medical Release form signed (copy on file) (T N C D)	_____
__Background check completed (copy on file) (T N C D)	_____
__Building Safety and Security Orientation completed (T N C)	_____
__Conduct Orientation completed (T N C D)	_____
__Child Abuse Prevention Orientation completed (T N C D)	_____
__Chaperone Policy reviewed (D C)	_____