



Volunteer Leadership Application

It is the goal of this church to create a safe and secure environment for all people, especially children and youth who are involved in church activities. To facilitate this emphasis, it is necessary to gather pertinent information from those who desire to offer volunteer services to our church. This information will be used for the sole purpose of helping the church provide a safe and secure environment for all. It is required that you respond to all questions below.

Legal Full Name (First, Middle, Last): _____ Nickname: _____

Have you ever used name(s) other than the one above? If yes, please list: _____

Date of Birth: _____ Married Single Living Together Spouse Name: _____

Children's Names & Ages: _____

Phone number (Home): _____ (Cell): _____ E-mail Address: _____

Current street address: _____

City: _____ State: _____ Zip Code: _____

Date of occupying residence at current street address (If less than 5 years provide previous address): _____

Previous Address, City, State & Zip Code: _____

LEADERSHIP INTEREST

Ministry interested in volunteering for: _____

EMPLOYMENT HISTORY

Current employer: _____ Length of employment: _____

Name of supervisor: _____ Phone number: _____

CHURCH BACKGROUND

How long has Restoration Church been your church home? _____

List other churches with which you have been affiliated, including city, state:

Briefly describe your relationship with Jesus Christ: _____

Have you been baptized in water? Yes _____ No _____

BACKGROUND

Is there any reason you should NOT work with or around children or youth? Yes ____ No ____

Have you ever worked/volunteered with a church/organization? Yes* ____ No ____

If applying to volunteer for children or student ministries, have you ever worked/volunteered with minors? Yes* ____ No ____

*If yes, please complete the following:

Church/Organization	City, State	When & How Long	Contact Name

Have you ever been the subject of a child abuse investigation? Yes* ____ No ____

*If yes, please provide details:

CONFIDENTIAL INFORMATION

Have you ever been charged, convicted of, or pled 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 used illegal drugs? Yes* ____ No ____

Have you ever struggled with alcohol or substance abuse? Yes* ____ No ____

Do you currently have any criminal actions pending in which you are the Defendant? Yes* ____ No ____

Are you currently on probation or parole? Yes* ____ No ____

Are you engaged in any conduct that is contrary to the teachings of the Bible or Restoration Church?

Yes* ____ No ____

Do you have any health issues that could place another adult or minor at risk? Yes* ____ No ____

Have you ever been diagnosed with a mental illness? Yes* ____ No ____

Have you ever been denied legal custody of your child/children in any legal proceedings including divorce decree or settlements?

Yes* ____ No ____

We conduct a police background check on all adult applicants. Do you have any objections? Yes* ____ No ____

Have you ever been dismissed from a volunteer position for any reason? Yes* ____ No ____

***If you said "yes" to any of the above questions, please explain (including the nature of the offense and provide the date of the offense and the county and state in which it occurred, if applicable). We at Restoration Church understand the life-changing power of Jesus Christ and are eager to hear how He has helped you. (Feel free to attach any additional pages as needed.)**

PERSONAL REFERENCES

(Required – Not Related to You, known for at least one year and cannot be a minor.)

Name: _____ Phone: _____
Address: _____ Years known each other: _____
Occupation: _____ Relationship: _____
E-mail: _____

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APPLICANT 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 give you any information (including opinions) that they may have regarding my character and fitness for volunteering, including working with or around minors. In consideration of this evaluation by Restoration Church, I hereby release any individual, church, youth organization, charity, employer, reference or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs or family, on account of compliance or any attempts to comply with this authorization. I waive the right that I may have to inspect any information provided about me by any person or organization in this application.

Should my application be accepted, I agree to be bound by the Bylaws and policies of Restoration Church and to refrain from unscriptural conduct in the performances of my services on behalf of the church.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understood.

Applicant Signature Required: _____ Date: _____

BACKGROUND SCREENING NOTICE

In connection with volunteering with Restoration Church (the "Church"), notice is hereby given that a consumer report and/or investigative consumer report may be obtained from a consumer reporting agency for volunteering purposes. These reports may contain information about your character, general reputation, personal characteristics and mode of living, whichever are applicable. They may involve personal interviews with sources such as your neighbors, friends or associates. The reports may also contain information about you relating to your criminal history, credit history, driving and/or motor vehicle records, education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report prepared by contacting the Church and Protect My Ministry 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618; Phone: 1-800-319-5581. For information about Protect My Ministry's privacy practices, see www.protectmyministry.com. The scope of this notice and below authorization is not limited to the present and, as a volunteer, will continue throughout the course of your time as volunteer and allow the Church to conduct future screenings for retention, promotion or reassignment, as permitted by law and unless revoked by you in writing.

PLEASE COMPLETE ALL INFORMATION REQUESTED BELOW

Legal Full Name (Print Clearly): _____

Print all other names used (including maiden name): _____

E-mail Address: _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ State of license: _____

Present street address: _____

City: _____ State: _____ Zip: _____

Please list the month and year you began living at your present address*: _____

***If LESS THAN THREE YEARS, please provide former residence information below!**

Please list the month and year you began living at your former address: _____

Former street address: _____

City: _____ State: _____ Zip: _____

ACKNOWLEDGEMENT AND AUTHORIZATION

By signing below, I hereby authorize the obtaining of consumer reports and/or investigative consumer reports by the Church at any time after receipt of this authorization and throughout the course of my time as a volunteer, if applicable.

I understand this is required by church policy to be conducted every two years (or as deemed appropriately by certain ministry participation) and I authorize it to be completed with my signature on this consent form.

I release Restoration Church and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regard to the information obtained from any and all of the above referenced sources used.

Signature: _____ Date: _____