

# Volunteer Information Form – Children and Youth Ministries 2017-2018

Thank you for your interest in serving as a children and/or youth ministry volunteer!  
Please take a few moments to fill out this form. The volunteer information form is to be completed by all persons working with children and youth on behalf of First Lutheran. This information, required by the Child Safety Policy, ensures the safety of our children and youth.

**\*\*Please answer ALL of the questions\*\***

**\*\*\*All information provided will remain confidential and secured\*\*\***

Full Name: \_\_\_\_\_ Birth Date (mm/dd/yy) \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work Phone# \_\_\_\_\_

Home Address \_\_\_\_\_  
*Street City State Zip*

Where have you lived, other than Iowa? \_\_\_\_\_

**Please answer the following if you are willing to provide transportation for children or youth:**

1. Have you ever been arrested for a criminal offense, including OWI (*operating a motor vehicle while intoxicated*) or PCS (*Possession of a Controlled Substance*)? \_\_\_\_\_ When \_\_\_\_\_
2. Do you have a valid Driver's License? \_\_\_\_\_ if yes, license number \_\_\_\_\_
3. Do you have current collision/liability automobile insurance? \_\_\_\_\_  
if yes, with what company? \_\_\_\_\_

I give First Lutheran Church the right to make a thorough investigation of the information presented in this form, including volunteer work and other activities, and I release from all liability all persons, companies, churches and agencies supplying such information. I also release First 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 Youth and Children's Ministries. I understand that First Lutheran Church may request a review of policy/criminal records concerning me. This information will be used in a consistent and nondiscriminatory fashion, and all reasonable efforts will be made to maintain strict confidentiality.

Year 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_  
*(If a minor is under 18 years-old)*

Year 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Year 3 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Year 4 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For office use only: Year \_\_\_\_\_ Screening \_\_\_\_\_

Check all age groups you are interested in working with:

Pre-school

Elementary

Middle School

High School

Length of time active at First Lutheran Church (*months/years*): \_\_\_\_\_

Ministry Groups at FLC in which you have participated: \_\_\_\_\_

\_\_\_\_\_

Please list any gifts, callings, training, education, or other factors that have prepared you for working with children: \_\_\_\_\_

\_\_\_\_\_

Current employer (*if employed*): \_\_\_\_\_

How long have you been employed there? \_\_\_\_\_

References: People familiar with your current abilities, one must be a member of First Lutheran Church: (*Provide name, phone number, address, and e-mail*)

1. \_\_\_\_\_

2. \_\_\_\_\_

Have you ever been arrested for, charged with, convicted of, pleaded guilty to, had a deferred judgment for, or had an administrative finding of violating any law involving child abuse, sexual abuse, physical abuse, sexual harassment or exploitation, or any other crime related to children? \_\_\_\_\_ - If yes, please explain, including outcome of the case and the jurisdiction in which the offense occurred: \_\_

\_\_\_\_\_

1. Have you ever been convicted of or had a deferred judgment of any criminal offense other than a simple misdemeanor traffic offense? \_\_\_\_\_ - If yes, please explain, including outcome of the case and the jurisdiction in which the offense occurred: \_\_\_\_\_

\_\_\_\_\_

2. To the best of your knowledge, is there anything from your past that would disqualify you from working with children and youth? \_\_\_\_\_ - If yes, please explain: \_\_\_\_\_

\_\_\_\_\_