# Confidential Volunteer Application Form

This application is to be completed by all applicants for any position involving the supervision or custody of minors. It will help our conference family provide a safe and secure environment for children.

# Personal

Last Name First Name Middle Initial City State Zip

Email

Home Phone Cell Phone Occupation

Have you ever been charged with, indicted for , or pled guilty to an offense involving a minor?Yes No\_ If yes, please describe all convictions for the past seven years.

# Church

Are you a member of Church? Church Address City/State/Zip List any gifts, callings, training, education, or other factors that have prepared you for teaching.

Please included the type of work involving children that you performed

# References

List all Church/ non-church work involving children. Attach additional sheet if necessary.

Organization Address City/State/Zip Phone

**Applicant Statement** (Please read and initials each 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 provide information (including opinions) they may have regarding my character and fitness for working with children.

 I release all such references from any liability for furnishing such evaluations, provided they do so in good faith and without malice.

 I waive any right I may have to inspect references provided on my behalf.

 Should my application be accepted, I agree to be bound by the bylaws and policies of this conference and to refrain from unscriptural conduct in the performance of my services on be the conference.

 I further state that I have carefully read the forgoing release and know the content there of and I sign this release as my own free act. This is a legally binding agreement which I have read and understand.

Applicant’s Signature Date Witness Date

Volunteer Registration Form

As all know we are hosted the Baptist Conference 2018, and on behalf of Children Ministry(VBS) we would like to encourage all churches member to support in this ministry, Our goal is to have 4 volunteers per classroom to allow necessary flexibility. Almost all volunteers can’t be present every section during conference. And thus have 4 volunteers allows proper classroom coverage.

Name: Email:

Address: Phone#

Are you a member of Church? Name of Church:

Have you ever worked with a ministry involving children? Yes No

If so, What did you do?

With which age group are you most comfortable? (please check one) Pre-Kinder 1st-3rd Grade 4th-6th Grade

With which activities are you most preferred? (please check one)

Bible Teaching: Arts & Crafts Games Music Snack Others Are you available to work fulltime during VBS? Yes No If not, which day during VBS? Friday 9am-12noon Friday 2pm-5pm

Friday 7pm-9pm

Sat 9am-12noon Sat 2pm-5pm Sat 7pm-9pm

Sunday 9am-12pm

Would you please provide adult references if you are Pre-teen or Teen: Parent(s) Name:

Phone# Email Parent(s) Signature: Date