

Volunteer Staff Application

Last Name: _____ Middle Initial: _____ First Name _____

Address: _____ Home Phone: _____

Social Security # _____ - _____ - _____ Birthdate: _____ Spouse's Name: _____

Employer: _____ Work Phone: _____

Email _____ Cell Phone: _____

What ages of students do you wish to work with? _____

Age range: Under 18 18-25 26-35 36-49 Over 50

Are you: Single Married Widowed Separated Divorced

Do you have children? Yes No Do they reside with you? Yes No

List the names and birthdates of everyone in your family:

What experience do you have in working with children/students?

Have you ever at any time

- Been arrested for any reason? Yes No
- Been convicted of, or pleaded no contest to, any crime? Yes No
- Engaged in, or been accused of, any act of child molestation, exploitation or abuse? Yes No

Are you aware of

- Having any traits or tendencies that could pose any threat to children / students? Yes No
- Any reason why you should not work with children in Adventure City / Edge Ministries Yes No

If the answer to any of these questions is "yes" please attach a separate sheet with a detailed explanation.

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Church Activity

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

Church Name	Pastor's or Leader's Name	Year Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you regularly attend worship services at Crossroads Fellowship? Yes No

If yes, do you attend: 8:00 9:30 11:00 Attending since (mo) _____ (yr) _____

In what areas of ministry at Crossroads Fellowship are you currently involved or serving? _____

Have you personally accepted Jesus Christ as your Lord and Savior and are you committed to having the character of Jesus live through you? Yes No

Will you place yourself under the biblical authority of Crossroads Fellowship, and follow the leadership of your appropriate pastor, under the guidance of our Senior Pastor and the Elders? Yes No

Please attach a separate sheet and tell about your spiritual journey to date. Include your salvation experience in addition to your recent walk with Christ.

Do you regularly pray and read the Bible? Please explain _____

I am interested in working with children/students at Crossroads Fellowship because... _____

What are your three primary gifts? _____

References

Please list two people you've known for at least one year, who are not related to you and have definite knowledge of your character and ability to work with children/students.

Church Staff, Leadership Team, Small Group, or Ministry Leader

Name _____ Nature of Association _____
Occupation _____ Length of Time Known _____
Address _____ City _____ State _____ Zip _____
Home Phone () _____ Work Phone () _____

Social Friend or Neighbor

Name _____ Nature of Association _____
Occupation _____ Length of Time Known _____
Address _____ City _____ State _____ Zip _____
Home Phone () _____ Work Phone () _____

We currently use Protect My Ministry to run a Social Security Verification, an Address History, and a National Criminal & Sex Offender Registry Search. These searches return any felony and/or misdemeanor records which can include sex-offender, inmate, and arrest records.

Volunteer Statement & Authorization

The information contained in this application is correct to the best of my knowledge. I understand and acknowledge that I am applying for a position with Crossroads Fellowship ("Crossroads"). In connection with that application, I expressly authorize Crossroads to conduct a full background check and to obtain an Investigative Report about me, including but not limited to, a criminal records check. I authorize any references listed in this application to give you any information (including opinions) that they have regarding my character and fitness for work with children/students. I authorize the release of the information contained in this application to any ministry at Crossroads in which I seek a volunteer position. In consideration of the receipt and evaluation of this application by Crossroads, I hereby release any individual, church 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 any right that I have to inspect any information provided about me by any person or organizations identified by me in this application.

I further understand and acknowledge that if I am accepted for this or any position with Crossroads, this authorization shall remain on file and shall serve as an on-going authorization for Crossroads to obtain such reports at any time during the time I am a volunteer or employee. I acknowledge that I have received a copy of the "Fair Credit Reporting Act Disclosure" and a "Summary of Your Rights Under the Fair Credit Reporting Act" prior to executing this authorization.

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

Applicant's Signature Date Parent Signature (if applicant is under 18)

***** **For Staff Use Only** *****

References checked by: _____ Date references checked: _____

Children / Youth Protection Policy & Affirmation

In order to give guidance and protection to our employees and volunteers, as well as to insure the safety of our youth and children, Crossroads has adopted the following Youth Protection Policy and Affirmation:

The church is committed to provide a safe place for youth, children, members and employees. The church will not tolerate any form of sexual abuse or other abuse, and condemns clearly any instance of sexual or other abuse. All employees and volunteers are responsible for helping assure that we avoid actual or perceived instances of sexual or other abuse. In order to avoid the potential for actual or perceived instances of sexual or other abuse, employees and volunteers who work with or around children or youth:

- Are expected to exercise good judgment at all times in their interactions with children or youth;
- Should generally not put him or her self in a secluded or unobservable situation involving a child or youth who is not their own;
- Should not provide unwarranted gifts, trips, attention and affection to individual children or youth who are not their own.
- Will be required to execute the Crossroads Youth Protection Policy and Affirmation.

YOU HAVE THE RESPONSIBILITY TO BRING ANY FORM OF ABUSE OR INNAPROPRIATE ACTIVITY TO OUR ATTENTION.

If you become aware of or suspect any problem of this sort you **must** immediately report it to any Pastor/Director or to any member of the ALT. All claims will be investigated thoroughly and promptly in accordance with Crossroads' Sexual or Other Abuse Policy (Section 70- of the Employee Personnel Policies and Procedures Handbook)

As an employee or volunteer who works with children and youth, I recognize that Crossroads has adopted policies that seek to eliminate actual or perceived instances of sexual and other abuse of youth and children, to respond to suspected instances of such abuse, and to guard against misinterpretations of the actions of its employees and volunteers.

I affirm: my commitment to support Crossroads as a safe place for children; that I have read and understand and support Crossroad's Sexual or Other Abuse Policy; and that I will abide by this policy. I further understand that the church may refuse or terminate the services of an employee or volunteer at any time for violations of this policy or false certification.

____ I certify by my signature that I have not to my knowledge been the subject of any formal/informal investigation, complaint, legal or other action involving a reported instance of sexual or other abuse of a child or youth, and that I have never been refused, resigned from, or been asked to resign from a volunteer, employment or other type of position for reasons related to such sexual or other abuse.

____ I am unable to make the certification above. I offer instead, the attached explanation.

Date: _____ **Signature:** _____

