

# Confidential Volunteer Application Form



*"Please Read Carefully"*

## Personal

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Present Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

How long have you lived at the above address? \_\_\_\_\_

Do you have a current driver's license? ☐ No ☐ Yes

License Number \_\_\_\_\_ State: \_\_\_\_\_ Classification: ☐ Regular ☐ CDL

How many children do you have and what are their ages?

Sons: \_\_\_\_\_

Daughters: \_\_\_\_\_

Have you ever been charged with, indicted for, or pled guilty to an offense involving a minor?

☐ No ☐ Yes

If yes, please describe all convictions for the past five years.

Were you a victim of abuse or molestation while a minor? ☐ No ☐ Yes

- If you prefer, you may refuse to answer this question.
- You may discuss your answer in confidence with one of the Board Members rather than answering on this form.
- Answering yes or leaving the question unanswered will not automatically disqualify you.

## Church History

When did you make your profession of faith in Christ? \_\_\_\_\_

When were you baptized? \_\_\_\_\_

List any gifts, callings, training, education, or other factors that have prepared you for serving.

Are you a member of a church? ☐ No ☐ Yes—If yes, how long have you been a member? \_\_\_\_\_

1. List your church membership contact information in the first church selection on the back of this form.
2. Please list other churches you have attended regularly during the past five years.
3. Include the type of work involving children that you performed.

Church (Membership) Name: \_\_\_\_\_  
 Church Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Type of work involving children \_\_\_\_\_ Dates of Service \_\_\_\_\_

Church Name: \_\_\_\_\_  
 Church Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Type of work involving children \_\_\_\_\_ Dates of Service \_\_\_\_\_

Church Name: \_\_\_\_\_  
 Church Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Type of work involving children \_\_\_\_\_ Dates of Service \_\_\_\_\_

### **Employment History**

What is your occupation: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Describe any formal/informal training you may have had as a coach or volunteer? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### **References**

#### **Personal References** (not former employers or relatives)

Name	Address	City/State/Zip	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all previous **non-church** work involving children. Attach additional sheet if necessary.

Organization	Address	City/State/Zip	Phone
_____	_____	_____	_____
_____	_____	_____	_____

**Applicant Statement** (Please read and initial 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 policies & guidelines of this organization and to refrain from unscriptural conduct in the performance of my services on behalf of the organization.
- \_\_\_\_\_ I authorize and give my consent for the Memphis FCA Nighthawks Organization to obtain my personal information. This consists of: Employment Records/ Employers References/ Criminal Background Records & Information/ Criminal Background Check/ Driver's license Records / Coaching experience / Personal References / First-Aid Experience / Addresses.
- \_\_\_\_\_ 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.

**Date:**

\_\_\_\_\_

**Applicant's Name (Please Print)**

\_\_\_\_\_

**Applicant's Signature**



\_\_\_\_\_

**Witness (Please Print)**

\_\_\_\_\_

**Witness Signature**



\_\_\_\_\_