##

**Volunteer Application Form**

 **[COGOP Local Church or Campground] (the “Organization”)**

***CONFIDENTIAL***

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| GENERAL INFORMATION |
| **LAST NAME:** | **FIRST NAME:** | MIDDLE NAME: |
| Identity must be confirmed with a state driver’s license or other photographic identification. | DATE OF BIRTH: |
| PRESENT ADDRESS: |
| **CITY: STATE/ZIP:** |
| **HOME PHONE:** | CELL PHONE: | WORK PHONE: |
| **[ ]  MALE [ ] FEMALE** | **[ ]  SINGLE [ ] MARRIED** | **MAIDEN NAME: (or other names you have used)** |
| **OCCUPATION:** | **E-MAIL:** |
| **MAY WE CALL YOU AT WORK?****[ ]  YES [ ]  NO** | **MAY WE TEXT YOUR****CELL PHONE?**[ ]  YES [ ]  NO | SPOUSE’S NAME: (IF APPLICABLE) |
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| DESIRED INVOLVEMENT |
| Please indicate the area(s) in which you prefer to serve. |
| 1st Choice: | 2nd Choice: | 3rd Choice: | 4th Choice:  |
| **Date you would be available to begin:** |

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| PERSONAL INFORMATION |
| Answering “YES” will not automatically disqualify an applicant. If you prefer, you may make an appointment to discuss your answers in confidence with the Organization’s Staff rather than answering on this form.  |
| **[ ]  YES [ ]  NO** | I would like to schedule a meeting with the Organization’s Staff to discuss the questions below. |
| **[ ]  YES [ ]  NO** | Have you ever participated in, been accused of (founded or unfounded), convicted of, or pled guilty or no contest to, abuse or any sexual misconduct? |
| If yes, please explain: |

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| **[ ]  YES [ ]  NO** | Have you ever been charged with, been convicted of, or pled guilty or no contest to a criminal offense of any kind? |
| If yes, please explain: |
| **[ ]  YES [ ]  NO** | Have you ever been treated for a psychiatric disorder? |
| If yes, please explain: |
| **[ ]  YES [ ]  NO** | Has there been alcohol, drug, physical, or sexual abuse in your personal or family background? |
| If yes, please explain: |
| **[ ]  YES [ ]  NO** | **Are there any circumstances or patterns in your life that, according to Biblical standards, would make it inappropriate for you to serve with minors? Examples include sexual immorality (Ephesians 5:3, 1 Corinthians 6:12-20), fornication (sex outside of marriage) (1 Corinthians 6:18-20, Galatians 5:19-21), adultery (Exodus 20:14, 1 Corinthians 6:9) and/or homosexuality (Romans 1:26 & 27, 1 Corinthians 6:9).** |
| If yes, please explain: |
| **[ ]  YES [ ]  NO** | Has there been alcohol, drug, physical, or sexual abuse in your personal or family background? |
| If yes, what steps have you taken to minimize the impact those issues will create for you as you serve? |
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| PERSONAL REFERENCES (No relatives or employees.) |
| **[1] NAME:** | **E-MAIL:** |
| **PHONE:** | **ADDRESS:** |
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| **[2] NAME:** | **E-MAIL:** |
| **PHONE:** | **ADDRESS:** |
|  |
| **[3] NAME:** | **E-MAIL:** |
| **PHONE:** | **ADDRESS:** |

***References provided may be contacted by phone and/or email address provided.***

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| PRIOR CHILDREN/YOUTH WORK |
| List any previous church or non-church work involving children/youth. (Provide church or organization’s name, address, type of work, and dates.) |
| **CHURCH/ORG NAME:** | **ADDRESS:** |
| **CONTACT PERSON:** | **CONTACT PHONE:** |
| **CONTACT E-MAIL:** | **DATES:** |
| **DUTIES PERFORMED:** |
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| **CHURCH/ORG NAME:** | **ADDRESS:** |
| **CONTACT PERSON:** | **CONTACT PHONE:** |
| **CONTACT E-MAIL:** | **DATES:** |
| **DUTIES PERFORMED:** |

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| APPLICANT STATEMENT & RELEASE |
| The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give any information (including opinions) that they may have regarding my character and fitness for the volunteer work contemplated by this agreement. **In consideration of the receipt and evaluation of the application by the Organization, I release any individual, church, organization, employer, reference or any other person or organization, 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 rights that I may have to inspect any information provided about me by any person or organization identified by me in this application.****I understand that if I do not adhere to the rules and procedures of the Organization or fail to satisfactorily perform my volunteer assignments, I will be subject to dismissal.****I have read and agree to abide by the Statement of Doctrine and Beliefs of the Organization, as amended from time to time, during my time of service with the Organization.****I further state that I HAVE READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE ON MY OWN FREE ACT. This is a binding agreement that I have read and understand.****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****APPLICANT’S SIGNATURE DATE****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **PARENT/GUARDIAN’S SIGNATURE (if applicant is a minor) DATE** |