

## Application Form and Voluntary Disclosure Statement

For congregational volunteers having contact with children and other vulnerable individuals.

Name: \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_

Home address: \_\_\_\_\_

Other names used: (e.g. birth name) \_\_\_\_\_

Home phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Other phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Drivers Lic. #: \_\_\_\_\_ State \_\_\_\_\_ Expires \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Previous residence if at current residence less than 1 year:

\_\_\_\_\_

Personal references (at least 2):

Name \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

Is there any other information that you wish to disclose to us?

(continue and sign on other side)

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I understand that:

- a. The congregation may terminate volunteer services of any person if that person is found, regardless of when discovered, to:
  - 1) have a history of complaints of abuse of a minor;
  - 2) have resigned, been terminated or been asked to resign from a position whether paid or unpaid, due to complaint(s) of sexual abuse of a minor, youth, or vulnerable adult; and/or
  - 3) have falsified or omitted information in this disclosure statement.
- b. The information provided on this form is subject to verification, which may include a criminal history check, driving record check, and request from any central registry of child abusers.
- c. This disclosure must be updated every 3 years.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed by Minor's Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

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For Office use only:

**Criminal Background Check**

Date Checked \_\_\_\_\_ Checked by \_\_\_\_\_

Results – Clear \_\_\_ Follow up needed \_\_\_ Follow up completed \_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

**Sex Offender Check**

Date Checked \_\_\_\_\_ Checked by \_\_\_\_\_

Results – Clear \_\_\_ Follow up needed \_\_\_ Follow up completed \_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

**Driving Record Check**

Date Checked \_\_\_\_\_ Checked by \_\_\_\_\_

Results – Clear \_\_\_ Follow up needed \_\_\_ Follow up completed \_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_