EMMANUEL BAPTIST CHURCH - VOLUNTEER APPLICATION

APPLICANT INFORMATION

Name (Last)		(First)		(Middle)		Date	
ivallie (Last)		(FIISt)		(Middle)		Date	
Address			City		State	Zin Codo	
Address			City		State	Zip Code	
Discourse	Altana ta Diana		D+ O	4 T:	□ N4-:I	Λ -l -l	
Phone	Alternate Phone		Best Contac	t Time	E-Mail	Address	
Volunteer Position(s) Considering		Date of Birth					
What Hours Are You	Available to Work?						
In Case of Emergency Notify		Phone	Name o	Name of Nearest Relative		Phone	
Special Interest and	Hobbies						
Do you have your own transportation?		Valid Driver's License?			Liability In:	surance on	
□Yes □No		☐ Yes ☐ No			Vehicle?	☐ Yes	
		DI #	, State	s issued:		□ No	
		DL#	, State	: ISSUEU		— 110	
How long do you anticipate you can commit to this volunteer role?							
Why would you like to volunteer as a worker with children and/or youth?							
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What qualities do you have that would help you work with children and/or youth?							

VOLUNTEER EXPERIENCE

Have you ever volunteered in	the past?		
Job Position	Supervisor	Start Date	End
		Date	
Job Position	Supervisor	Start Date	End
		Date	

CRIMINAL HISTORY

Have you ever been charged or pled guilty to a crime, either a misdemeanor or a felony (including but not							
limited to drug-related charges, child abuse, other crimes of violence, theft, or motor vehicle violations)?							
Check one: Yes No							
If Yes, please explain fully:							
Have you ever been involved in reporting an incident of child abuse or neglect? Yes No							
Have you ever been convicted of a criminal offense?							
Check one: ☐ Yes ☐ No							
Do you currently have any criminal actions pending in which you are a Defendant?							
Check one: Yes No							
Are you currently on probation or parole?							
Check one: Yes No							
If you answered "Yes" to any of the above questions, please explain the nature of the offense and provide the							
date of the offense and the country and state in which it occurred?							
PERSONAL REFEREN	NCES:						
Name	Address	Phone	Occupation				
			Relationship				
Name	Address	Phone	Occupation				
			Relationship				
Name	Address	Phone	Occupation				
			Relationship				
APPLICANT STATEMENT							
(Read and Sign Below)							
I certify that this volunteer application was completed by me and that all of the information on this application is true and correct to the							
best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts called for herein will result in my							
disqualification from further consideration as a volunteer. I understand that this volunteer application is not valid without my signature.							
		i understand that this volun	nteer application is not valid without my signature.				
Print Name		i understand that this volun	nteer application is not valid without my signature.				
Fillitivallie		Tunderstand that this volun	nteer application is not valid without my signature.				
Signature		Tunderstand that this volun	nteer application is not valid without my signature. Date				

SHARE YOUR TESTIMONY For Pastoral Staff and/or Directors: ☐ Completion of Volunteer Application Date Completed: ☐ Background Check cleared Date Completed: ☐ Volunteer has received Sexual Misconduct Policy and Procedures Date Completed: