Children's/Youth/Safety Team Volunteer Application-Adult

Complete this form, print, sign and give to the Serve Team Leader.

Personal Information:

Name: _____
Last First Middle Initial

Address: _____
Street City State Zip Code

Phone- Home: _____ Cell: _____

Birthdate: _____

Email: _____

Do you regularly attend Midland Nazarene? ☐ **Y or** ☐ **N** If so, for how long? _____

List training, spiritual gifts, education, experiences working with children and/or youth, or any other experiences which have prepared you for service in this capacity: _____

_____

_____

Have you at any time ever:

Been arrested for any reason? ☐ Yes ☐ No

Engaged in, or been accused of, abuse (physical, sexual or emotional) of a child? ☐ Yes ☐ No

I am interested in working with the following age group (check all that apply):

☐ Preschool ☐ Infants ☐ Toddlers ☐ Elementary ☐ Youth ☐ MOPS ☐ SAFETY TEAM

Please provide the following information for 2 references (non-family members) that can attest to your experience working with children/youth (not required for renewal):

NAME	**PHONE NUMBER**	**EMAIL ADDRESS**

Application Verification and Release:

I recognize that Midland Nazarene is relying on the accuracy of the information contained herein. Accordingly, I attest and affirm that all of the information that I have provided is absolutely true and correct.

I voluntarily release Midland Nazarene and any such person or entity listed herein from liability involving the communication of information relating to my background or qualifications. I further authorize Midland Nazarene to conduct a criminal background check in accordance to the policy set forth.

I have carefully read the Policy and Procedures (as outlined online at www.midlandnaz.org), and I understand and agree that if a volunteer opportunity is offered, my volunteer experience is for no definite period and may be terminated for unsatisfactory performance or repeated infraction of the rules, regulations and/or policies. I will also treat all information to which I have access in a confidential manner.

Signature: _____ Date: _____

TO BE COMPLETED BY SERVE TEAM LEADER:

This application is (circle one) NEW RENEWAL

_____Applicant interviewed (not req'd for renewal)
_____References contacted (not req'd for renewal)
_____Church Policy Orientation conducted
_____Central Registry Clearance form attached
_____Recommended for further processing

Serve Team Leader Signature: _____ Date: _____