



CONFIDENTIAL VOLUNTEER APPLICATION & BACKGROUND CHECK AUTHORIZATION

This form is to be completed by an applicant for any volunteer position through Parkside Chapel involving Mission Teams or the supervision and/or custody of children and youth ages birth through age 18. It is being used to help church leaders provide a secure environment for children and youth who participate in our programs and use our facilities.

((Please Print))

Date: _____

Check the box that applies:

Children's Ministries

AWANA

Sunday a.m.

Age group preference: _____

Youth Ministries

Mission Trip

Name: _____
Last First Middle

Current Address _____

City, State ZIP _____

Home Phone: _____

Cell Phone: _____

Email: _____

Marital Status: _____

Date of birth: _____

Social Security #: _____
(required for background check)

Drivers License #: _____
(required for "Approved Drivers" application)

Former Name(s) (i.e. maiden name): _____

SPIRITUAL DATA

How long have you attended Parkside Chapel? _____ List other churches you attended during the past ten (10) years:
(Give name, city, and state.)

Are you a member of Parkside Chapel? [] Yes [] No

Do you regularly attend (2 or more services a month)? [] Yes [] No

In a brief paragraph, please outline your spiritual journey, including when you received Christ as Savior:

I will (#1) abide by the decisions of this church, (#2) teach, and live according to the beliefs of this church. [] Yes [] No

MY VOLUNTEER COMMITMENT

It is our belief at Parkside Chapel that a strong relationship with those with whom you are working is the best way to share the love of Christ and to make an impact that lasts. Relationships are built through time invested. Thank you for your desire to make an impact on lives. With this in mind, do you commit to the following:

1. To make sure I am living in a right/healthy relationship with Jesus Christ Yes No
2. To keep my word to the children/youth and to the other leaders Yes No
3. To cheerfully abide by the decisions of my church leaders Yes No
4. To arrive early for my ministry time and to begin with prayer Yes No
5. To act and speak in love and humility. Yes No
6. To be part of a team, caring for the needs of those around us Yes No
7. To pray for those I serve each week. Yes No
8. To meet with my ministry team when meetings are scheduled. Yes No
9. To commit to a staff assignment (part-time or full-time) for an entire term of ministry. Yes No

QUALIFICATION FOR SERVICE

Do you have previous experience working with children / youth? If so, in what capacity?

What factors led to your desire to be involved in ministry?

Describe any condition, preference or belief that might restrict or prevent you from performing certain activities involved in the volunteer position for which you are being considered (i.e. lifting toddlers, handling an emergency, driving, participating in certain sports).

Describe any contagious or infectious disease or condition you currently have which could be transmitted to others in the volunteer work you would be performing for Parkside Chapel.

LEGAL QUESTIONNAIRE (Note: In each of the questions below "children" includes children & youth from birth - age 18.)

1. Have you ever committed an act of domestic or other violence, or perpetrated or engaged in child pornography, child abuse, child molestation or any crime related to persons? Yes No
2. Have you ever been arrested for or charged with a sexual offense, offense relating to children, or crime of violence? Yes No
3. Have you ever been convicted of any crime, including, crimes involving domestic violence, child pornography, child abuse, child molestation or any crime related to persons? You will need to answer "Yes" if you have entered into a plea agreement, including a deferred sentence or deferred judgment arrangement, in connection with a criminal charge. Do not include minor traffic violations. Yes No
4. Have you ever been reported to a social services agency, law enforcement authority, child abuse registry, or similar organization regarding abuse or misconduct involving children? Yes No
5. Have you ever been the subject of a civil lawsuit involving sexual misconduct, sexual harassment, or other immoral behavior or conduct, involving adults or children? Yes No
6. Have you ever been the subject of any disciplinary action, transfer, or dismissal, or been named as a defendant in a civil or criminal lawsuit as a result of an accident or mishap involving children? Yes No
7. Have you ever been subject to any disciplinary action (including discharge) or investigation by a church, religious or other organization, or by an employer? Yes No
8. Have you ever been convicted due to a drug, alcohol, or substance abuse problem? Yes No

If your answer to any of the above questions is "Yes," for each positive response, please provide the following information: (You may attach additional pages if needed.)

- a) Date and complete description of the circumstances. _____
- b) Name and address of the church, employer or organization involved. _____
- c) Name and telephone number of a person familiar with the circumstances. _____

OTHER QUESTIONS

Have you ever been involved in homosexual activity? _____

Have you been treated for any psychiatric disorder? _____

Have you been convicted of any offense against the law? _____

PERSONAL REFERENCES

1. Name: _____ Phone: () _____

Email address: _____

2. Name: _____ Phone: () _____

Email address: _____

3. Name: _____ Phone: () _____

Email address: _____

Note: For those over 18 years of age references should exclude relatives and include at least one reference from outside Parkside Chapel. One reference should be from a previous church if you have been attending Parkside Chapel less than five (5) years. Teenaged volunteers should include the youth pastor and one parent or guardian as a reference.

BACKGROUND CHECK AUTHORIZATION: Parkside Chapel and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant’s personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

The information contained in this application is correct to the best of my knowledge. I recognize that the use of a criminal records check service helps to insure a safer environment for those to whom we minister, as well as providing protection for volunteers such as me. I hereby authorize Parkside Chapel (or its agents) to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of social security number; current and previous residences; character references; drug testing; civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records; birth records; and any other public records. I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to Parkside Chapel or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm corporation, or public agency may have including information or data received from other sources.

Please check the box below if you wish to receive a copy of any consumer report that is requested.

I wish to receive a copy of any Background Check Report on me that is requested.

EMPLOYMENT STATUS:

I understand that my service with the Church shall be volunteer service. In addition, my volunteer services shall be at-will and the Church shall be entitled to terminate my services at any time, with or without cause or advance notice. I understand and agree that I am not an employee of the Church, and that I have no expectation of compensation, health insurance or other employee benefits, or unemployment or worker’s compensation insurance benefits.

Applicant’s Signature: _____ Date: _____

Applicant’s Name (please print): _____

Parent/Guardian’s Signature (If under 18 years old): _____ Date: _____

Parent/Guardian’s Name (please print): _____

STATEMENT OF FAITH

As leaders at Parkside Chapel, we appreciate your desire to minister among us, using the talents God has given to you. In our denomination, we have a statement of faith which we believe forms the foundation from which we minister. As leaders, we feel that those who minister among us should know about this statement. Also, we feel it is essential that those who teach in any capacity in our church agree with this statement.

Please take a moment to read through these areas carefully. If you agree with the total statement, sign your name on the line provided. If you do not understand or agree with one of the areas of this statement, please come to us with your question or objection.

At Parkside Chapel, we believe the following:

1. The verbal inspiration of the Holy Scriptures as originally given.
2. The existence and manifestation of one God in three persons – Father, Son, and Holy Spirit.
3. The incarnation and virgin birth of the Son of God.
4. The redemption of man by the vicarious death of Christ on the cross.
5. The bodily resurrection from the grave.
6. The fact that all men have sinned and consequently must be regenerated by the working of God's grace.
7. The fact of justification by faith.
8. The sanctifying work of the Holy Spirit in the believer producing holiness of life and power for service.
9. Provision has been made in the redemptive work of the Lord Jesus Christ for the healing of the mortal body.
10. The Church consists of all those who believe on the Lord Jesus Christ, are redeemed through His blood, and are born again of the Holy Spirit.
11. The second coming of the Lord Jesus Christ is imminent and will be personal, visible, and premillennial.
12. The urgency of preaching the gospel to all mankind that men may be saved from eternal judgment.

I understand this statement of faith, and agree with it in it's entirety.

Name: _____ Date: _____

For Office Use Only

- Application reviewed & signed _____
- References Contacted _____
- Background Check Ordered _____
- Background Reviewed
- Approved by _____