



FPC WESTMINSTER YOUTH MINISTRY VOLUNTEER APPLICATION 2018/2019

Basic Information

Name _____
First MI Last

Address _____
Street Address City State Zip

Phone numbers _____
Home Work Cell Pager / beeper

Best times to reach me at home are _____ May we call you at work? Yes No

Employer _____ Employer address _____

Position at work _____ Years at current job _____

Email _____

Church membership: Member Regular attendee

How long have you attended our church?

Emergency contact _____ Phone _____
name and relationship

Family Information (optional)

Marital status (check all that apply): Single Married Divorced

If married, spouse's name _____

If you have children, their names and ages:

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Medical Information

Have you had any prior injuries that might be aggravated by working in youth ministry?

Are you currently taking any medication prescribed by a doctor for physical or other conditions that would affect your ministry?

Do you have any medical conditions that might be hazardous to others?

If you answered yes to any of the questions above, please attach another page and explain completely.

Preferred Assignments

What volunteer opportunities are you interested in? (Please check as many as you would like!)

Chaperone (on site) _____ Chaperone (off site) _____ Youth Group _____

Chaperone (overnight including retreats and mission trips) _____

*Driver _____

*** Note: Additional volunteer driver forms will be needed for specific events. Proof of insurance with required limits will be necessary.**

Agreements

- I agree to abide by The FPC Child Abuse Prevention Policy
- I agree to adhere to The FPC Safe Church Policy
- I agree to submit to a criminal background check **if requested** for specific youth events

Waiver / Release

FPC Westminster Youth Ministry Westminster, MD

I, the undersigned, give my authorization to First Presbyterian Church representatives—hereafter referred to as The Church—to verify the information on this form. The Church may contact appropriate government agencies as deemed necessary in order to verify my suitability as a church youth ministry worker. I am willing to request and submit to The Church background reports on myself from the (state) Department of Social Services central registry.

The information contained in this application is correct to the best of my knowledge. In consideration of the receipt and evaluation of this application by The Church, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature that may at any time result to me, my heirs, or family, because of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

Should my application be accepted, I agree to be bound by the constitution, statement of faith and policies of The Church, and to refrain from conduct unbecoming to Christ in the performance of my services on behalf of The Church. If I violate these guidelines, I understand that my volunteer status may be terminated. By signing this application, I state that all of the information given about myself is true. I understand that the personal information in this application will be held confidential by the professional Church staff.

I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF, AND I SIGN THIS RELEASE AS MY OWN ACT.** This is a legally binding agreement which I have read and understand.

Print name

Signature

Date