

**Kidron Mennonite Church
Children/Youth Ministry Volunteer Application**

This application must be completed by all volunteers who will have supervision or custody of minors. It is used to help the church provide a safe and secure environment for those children who participate in our programs.

Today's date _____

Full Name (First, Middle, Maiden, Last) _____

Date of Birth ___/___/___ Phone _____ Email _____

Address _____

Other states in which you have lived as an adult _____

Are you a member of Kidron Mennonite Church?

Yes I am interested in becoming a member No

How long have you attended Kidron Mennonite Church? _____

* If less than 1 year, please list (on the back) 3 people who have known you for at least 2 years that we could contact for references.

What other church or churches have you attended in the past five years?

Church name	Pastor's name	Years attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

For which children/youth program(s) are you volunteering? _____

List any gifts, training or experience you have that would prepare you for children's ministries at KMC.

The questions listed below are included in order to help provide a safe and secure environment for our children. All information is held strictly confidential. Thank you for understanding.

Have you ever been accused, charged, or convicted of abusing or molesting a minor? yes no

Have you ever been arrested for any offense excluding minor traffic violations? yes no

Are there any circumstances involving your life-style, traits, tendencies or background that would call into question your ability to work with children? yes no

If yes, please explain: _____

Applicant Verification and Release

I recognize that the organization to which this application is being submitted 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 authorize the organization to contact any person or entity listed in this application, and I further authorize any such person or entity to provide the organization with information, opinions, and impressions relating to my background or qualifications.

I voluntarily release the organization and any such person or entity listed herein from liability involving the communication of information relating to my background or qualifications. I further authorize the organization to conduct a criminal background investigation if such a check is deemed necessary.

I have carefully read the policy and procedures of the organization, and I agree to abide by them and to protect the health and safety of the children or youth at all times.

Signature _____ Date _____

References, if necessary:

1. Name _____ Phone _____

Address _____

2. Name _____ Phone _____

Address _____

3. Name _____ Phone _____

Address _____

Update and renewal. Please attach any new information on a separate sheet of paper.

Position _____

Signature _____ Date _____

Position _____

Signature _____ Date _____

Position _____

Signature _____ Date _____

Position _____

Signature _____ Date _____