

Volunteer Application

Date: _____

Volunteer Contact Information

Full Legal Name: _____

Date of Birth: _____ Social Security #: _____ Male Female

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact

Name: _____ Relation: _____

Home Phone: _____ Cell Phone: _____

Personal Information

Do you have a disability? Yes No If yes, disability: _____

Are you employed? Yes No Position/Employer: _____

Religious Affiliation: _____

Church you attend (if applicable): _____

Please check all that apply:

Currently CPR Certified Agency/Expires: _____

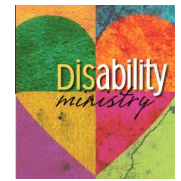
Previous *respite* volunteer

Previous Joni and Friends volunteer When/Where: _____

My experience with children with special needs includes (none required):

I am comfortable working with children ages (check all that apply):

0-1 (Infant) 2-4 (Toddler) 5-7 8-10 11-12 12+ Any
and All



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Agreement

Have you ever been convicted of a crime involving children and/or youth?

Yes No

Have you ever been convicted of child abuse, sexual abuse, or sexual harassment?

Yes No

Have you ever been arrested or accused of child abuse, sexual abuse, or sexual harassment?

Yes No

I hereby confirm that all the information above is true and correct. I authorize Valley Community Church to procure a consumer report (background check or known as an investigative consumer report in California.) I give my consent that photographs, interviews, and audio/video recordings during the respite event may be used by the host church for training, promotion, and fundraising.

I have read the above statement and agree to the terms designated.

Signature: _____ Date: _____

Return this application: Shelly Welsh VCCRespiteCare@gmail.com

----- **OFFICE USE ONLY** -----

Received by: _____ **Date:** _____

Background Check Complete: _____

Comments:

