



Adult Volunteer Forms

Application

This form is to be completed by all adults involved in the supervision or custody of minors. To facilitate a safe and secure environment for all children and volunteers, it is necessary to gather pertinent information from those who work with our children. This information will be used for the sole purpose of helping the Children's Ministry be a safe and secure environment for all involved.

General Information

Date _____

First Name _____ Last Name _____

Street Address _____ Hm Phone _____

City/State/Zip _____ Cell Phone _____

Employer _____ Work Phone _____

Best time to be contacted _____

E-mail Address _____ Date of Birth _____

Family Information

Status: Single Married...spouse's name _____ Widowed Divorced

Do you have any children? No YesName _____ Age _____ Gender _____

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Ministry Information

1. Are you currently a member of this church? Yes No

2. Do you regularly attend services? Yes No

3. Do you currently serve in any other areas of ministry? Yes No

Area of ministry _____ When? _____

_____	_____
_____	_____

4. In what area would you like to serve?

5. Please select how often you prefer to serve:

- Attendance
- Little Lambs (birth up thru 2 years old)
- Tiny Praisers (3 - 5 years old)
- Kids ROCK (K - 3rd grade)
- Club 45 (4th - 5th grade)

- 1 Sunday/month
- 2 Sundays/month

6. What training, experiences, skills, spiritual gifts, or talents do you have that might be useful in this ministry?

7. If you could volunteer for any position without fear of failure, what would it be?

8. Why have you chosen to work with children?

Personal Situations

1. Have you ever been convicted of a criminal offense? (If yes, please explain) Yes No

2. Have you been convicted of or involved in child abuse, neglect, sexual abuse or activities related to molesting or abusing children/youth? (If yes, please explain) Yes No

3. Has there been alcohol, drug, physical or sexual abuse in your family? Yes No
If yes, what steps have you taken to minimize the impact that those issues may create for you, both now and in the future?

Military Service:

Branch _____ Rank _____ Discharge _____

References: (Please provide name and phone # of three adult references. No family members!)

Name	Phone	Relationship	Length of Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I certify that all the information provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration, and may result in my removal if discovered at a later date.

Signature _____ Date ____/____/____

Medical History

Please complete this form. In an effort to create a safe environment, we need to know how to best care for your health needs if the situation should arise. Describe, **in detail**, any physical and/or psychological issues and treatments you may be subject to.

Gender _____ Height _____ Weight _____

Emergency contact _____ Phone # _____

Insurance company _____ Policy # _____

Physician _____ Physician phone # _____

Dentist _____ Dentist phone # _____

Hospital preference _____

Please circle any of the following ALLERGIES that you may have:

Bee Stings

Penicillin

Poison Ivy, Oak, Sumac

Dairy

Peanuts

Pollen

Other Allergies: _____

Drugs/Medications/Treatments: _____

Please circle any of the following MEDICAL CONDITIONS that you may have:

Asthma

Diabetes

Eczema

Epilepsy

Fainting

Headaches

Heart

Hypo-glycemia

Motion Sickness

Nose Bleed

Seizures

Upset Stomach

Other Medical Conditions: _____

Drugs/Medications/Treatments: _____

Please circle any of the following SPECIAL CONDITIONS that you may have:

ADD/ADHD

Anxiety

Bi-polar

Contacts/Glasses

Hearing Impairment

ODD

Phobias

Physical handicap

Sleeping disorder

Other Special Conditions: _____

Drugs/Medications/Treatments: _____

Do you have any condition that might prevent you from participating in any particular activity?

No

Yes (please explain) _____

For your safety, please circle one of the following that best describes you:

Good swimmer

Fair swimmer

Non swimmer

Date of your last tetanus shot: _____

Blood type: _____

Please list any medications and doses that you are taking, that may not have already been listed:

Liability Release

I (being 18 years of age or older) understand that in the event medical intervention is needed, every attempt will be made to contact the persons listed on this form. In the event that they cannot be reached, and I am unable to communicate, I hereby authorize an adult leader to consent to the physician or dentist selected by the adult leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, X-rays, or surgery on my behalf as deemed necessary.

Furthermore I hereby give an adult leader with Life Bridge Church consent for Emergency Medical Services (911) to be contacted in the event of a medical emergency. I give consent to Life Bridge Church for transportation on my behalf by ambulance if deemed necessary.

I further understand that my insurance coverage will be used as primary coverage in the event medical intervention is needed. Any policy of the church or organization sponsoring this event will be used as the secondary coverage.

I understand all reasonably safety precautions will be taken at all times by Life Bridge Church and its agents. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Life Bridge Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by myself.

(I have read the foregoing and agree to the terms established on this form)

Signature _____

Date _____

Promotional Release

This form is needed for all children and volunteers participating in our Children's ministry or activities.

I hereby consent to the use of any videotape, photographs, slides, audiotapes, or any other visual or audio reproduction in which I may appear by Life Bridge Church. I understand that these materials are being used for promotion of the ministry of Life Bridge Church which includes recruitment and fund-raising efforts.

I release Life Bridge Church from any liability connected with the use of my picture or voice recording as part of any promotional, recruitment, or fund-raising program.

Adult Volunteer Signature

Date

Background Check Forms, Cont.

Consumer, Investigative, and Direct Reports Authorization, Disclosure and Release

Name		Social Security no.		Date of birth (mm/dd/yyyy)*	
Street address			City	State	Zip Code
Driver's license no.	State of issuance	Any other names used			

By signing below, I hereby voluntarily authorize International Church of the Foursquare Gospel d/b/a **Fort Wayne Bridge Foursquare Church / 32538** (legal name and code number of church, school, camp) ("Foursquare") to obtain "consumer reports" and "investigative consumer reports" about me from a "consumer reporting agency," and reports Foursquare may obtain directly, and to consider these reports when making decisions regarding my employment/volunteer position or potential position with Foursquare. The nature and scope of these reports are as follows. They may contain information on my character, general reputation, personal characteristics, and mode of living. They may also include, among other things, checks, records and/or information regarding: my criminal convictions (including, without limit, court, sex offender, incarceration and DMV records), social security number, current and prior employer(s)/supervisor(s) and/or references I provided, coworkers, neighbors, friends, associates or acquaintances, and verification of college degrees and professional licenses or certifications.

I understand that I have rights under the Fair Credit Reporting Act (and the California Investigative Consumer Reporting Agencies Act and other California law for California residents, the Government Data Practices for Minnesota residents, the Credit Services Organization Act for Oklahoma residents, the equivalent New York FCRA for New York residents, and the equivalent Maine FCRA for Maine residents) including the rights discussed in the separate disclosure statement(s) provided to me.

I authorize any governmental entity, law enforcement agency, institution, information service bureau, school, employer, supervisor, reference, or other person contacted by Church Volunteer Central (or other selected agency) or Foursquare, or their agents or volunteers, to furnish the information described herein.

I release and discharge from liability all persons, agencies, and entities providing the above information or reports about me to Church Volunteer Central (or other selected agency) and/or Foursquare. To the fullest extent permitted by law, I further release and discharge Foursquare and Church Volunteer Central (or other selected agency), and their agents, employees and volunteers, from any claims, damages, losses, liabilities, costs and/or expense arising from the retrieving and/or reporting of said information, including any consumer report or investigative consumer report.

I acknowledge a copy or telephonic facsimile of this document shall be valid as the original. If I am presently a resident of Maine or New York, I have reviewed the additional state law disclosure information attached.

Signature 	Date
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If you would like a copy of any investigative consumer report sent to you at your address listed above, please check the box below.

- Yes, I would like to receive a copy of any investigative consumer report which may be obtained on me by a consumer reporting agency.
- If you would like to receive a copy via email, please provide your email address.

Your date of birth is requested to verify the information obtained is about you and not someone with the same or a similar name. It will not be used for employment purposes.



Volunteer Availability

Name: _____

Phone: _____ Email: _____

Our goal is to place all Neighborhood leaders where they are most effective. Please let me know what your preferences are. We will place you there and revisit that placement after a month or two.

How Often:

Please tell us how often you want to help per month:

of Sundays: _____

Areas of Service:

Please select all the areas you're interested in:

- Little Lambs
(birth - 2 yrs)
- Tiny Praisers
(3 yrs - 5 yrs/pre-k)
- Kids ROCK
(K - 3rd grade)
- Club 45
(4th & 5th grade)
- Registration
(Neighborhood Welcome Desk)

Sundays:

Please select specific Sundays you're available to help:

- 1st Sunday
- 2nd Sunday
- 3rd Sunday
- 4th Sunday
- 5th Sunday