

APPLICATION TO WORK/VOLUNTEER WITH VULNERABLE PERSONS

All portions of this application are to be completed by all persons (volunteer or compensated) who desire to work with vulnerable persons in our church's ministries. This application form is being used to help the church provide a safe and secure environment for those vulnerable persons who participate in our programs.

PERSONAL

Date: _____

Name: _____

Last First Middle

Former Name (if applicable): _____

Last First Middle

Present address: _____

City: _____ State: _____ Zip code: _____

Home Phone (_____) _____ Cell Phone (_____) _____

E-mail address: _____

How long have you lived at the above address? _____

If less than one year, provide all previous addresses for the past five years.

Please indicate the type of youth or children's work you prefer. _____

Please indicate the date you would be available to begin. _____

List any gifts, callings, training, education, or other factors that have prepared you for working with vulnerable persons:

