

EMMANUEL BAPTIST YOUTH - PLANNING TEAM

APPLICANT INFORMATION

Name (Last)	(First)	(Middle)	Date
Address		City	State Zip Code
Telephone	Alternate #	Best Contact Time	E-Mail Address
Parent/Student/Youth Worker			Date of Birth
What Hours Are You Available to Work?			
Emergency Contact	Telephone	Name of Nearest Relative	Telephone
Special Interest and Hobbies			
Do you have your own transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Valid Driver's License? DL# _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Liability Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Can you make a two-year commitment to this volunteer role? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Why would you like to volunteer for the youth planning team?			
What Qualities do you have that would help you in this position?			
Would you be available for periodic volunteer training sessions? <input type="checkbox"/> Yes <input type="checkbox"/> No			

VOLUNTEER EXPERIENCE

Have you ever volunteered in the past?			
Job Position	Supervisor	Start Date	End Date
Job Position	Supervisor	Start Date	End Date
Job Position	Supervisor	Start Date	End Date

CRIMINAL HISTORY

Have you ever been charged, convicted of, or pled guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, other crimes of violence, theft, or motor vehicle violations)?

Check one: Yes No

Have you ever been exposed to an incident of child abuse or neglect?

Yes No

Have you ever been convicted of a criminal offense?

Check one: Yes No

Do you currently have any criminal actions pending in which you are a Defendant?

Check one: Yes No

Are you currently on probation or parole?

Check one: Yes No

If you answered "Yes" to any of the above questions, please explain the nature of the offense and provide the date of the offense and the county and state in which it occurred?

PERSONAL REFERENCES:

Name	Address	Phone	Occupation	Relationship

APPLICANT STATEMENT

(Read and Sign Below)

I certify that this volunteer application was completed by me and that all of the information on this application is true and correct to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts called for herein will result in my disqualification from further consideration as a volunteer. I understand that this volunteer application is not valid without my signature.

Print Name	
Signature	Date

SHARE YOUR TESTIMONY

For Pastoral Staff and/or Directors:

<input type="checkbox"/> Completion of Volunteer Application	Date Completed:
<input type="checkbox"/> Background Check cleared	Date Completed:
<input type="checkbox"/> Volunteer has received Sexual Misconduct Policy and Procedures	Date Completed: