

OFFICE USE ONLY

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|--|--------------|------------------|
| Date received: | Recommended: | Not Recommended: |
| Recommended with conditions noted: | | |
| Conference Children's/Youth Ministries Director Signature: | | Date Approved: |



CHILDREN'S/YOUTH MINISTRIES STAFF VOLUNTEER SERVICE INFORMATION FORM

The Texas Conference will use the information in accordance with the Faith Credit Reporting Act and will use it solely for the Conference's immediate need of verification for initial or continuing service. The information obtained will not be forwarded or submitted to other organizations or agencies.

In the interest of preserving the dignity and integrity of its employee and volunteer work force, the Texas Conference of Seventh-day Adventists may perform a background check on any person employed or volunteering for service in any entity of the Texas Conference. The purpose of a background check will be to verify the qualifications presented by the employee or volunteer. Any person in either category may request a background check, for which the person will be financially responsible, to verify or vindicate the person's good name.

SECTION I BASIC INFORMATION

Name: _____ Birth Date: _____ Social Security No. _____

Address: _____ City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Ministry: (circle one) Adv PF MG Other _____

Church Name: _____ Club Name: _____

Marital Status: (circle one) Married Single Divorced Separated Name of Spouse: _____

| Children's Names | Children's DOB (month/day/year) |
|------------------|---------------------------------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

SECTION II HEALTH HISTORY

Do you have or have you any injury/sickness that might limit your involvement in Children's/Youth Ministries activities? Yes No

If yes, how would it hinder: _____

SECTION III EDUCATIONAL RECORD

Highest level of education: _____ Degree/Diploma held: _____

Year degree/diploma received: _____ College major/minor: _____

School granting degree/diploma: _____

SECTION IV EXPERIENCE

Please list all experiences (VBS, Sabbath School, Adventurer or Pathfinder club, etc.) that might qualify you to work with children and/or youth.

| Position | Type of Work |
|----------|--------------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

SECTION V SPECIAL SKILLS OR INTERESTS

Please list the areas in which you are interested in helping or teaching (division leader, piano player, assistant, etc.)

Circle: T = capable of teaching A = able to assist I = interested in learning to teach

- | | | | |
|----------|-----------|----------|-----------|
| 1. _____ | T A I | 5. _____ | T A I |
| 2. _____ | T A I | 6. _____ | T A I |
| 3. _____ | T A I | 7. _____ | T A I |
| 4. _____ | T A I | 8. _____ | T A I |

SECTION VI UNLAWFUL CONDUCT

We regret having to include a section on unlawful conduct, however, understanding the epidemic proportions of this problem, it becomes necessary to create a database to protect children and youth in Adventurers, Pathfinders, Sabbath School, Vacation Bible School, and other programs from abuse and to protect the Seventh-day Adventist Church organization from recommending any staff member who has had a problem in this area. All information on this application will become a permanent record and should include updates. In the event of accusations against the applicant, opportunity should be given for response by the accused. This response also becomes a part of the record.

Have you ever been accused, charged or disciplined for any unlawful conduct, child abuse, and/or child sexual abuse? (circle) Yes No

Date: _____ Place: _____

Type of Conduct: _____

If possible, please give the name and address of a reference/professional who can verify that you are now suitable for Children's/Youth Ministry work:

Name of Reference _____ Phone: _____

Street _____ City _____ State _____ Zip _____

SECTION VII PERSONAL CHURCH MEMBERSHIP HISTORY

When a local church requests a recommendation from the Conference Children's/Youth Ministries Director, the Conference director may not release any specifics and may respond only with "recommended", "not recommended", which becomes a part of the record.

Please list below church membership history for last ten years.

| Current Church/Past Churches (most current first) | City, State | Pastor |
|---|-------------|--------|
| | | |
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| | | |
| | | |
| | | |

SECTION VIII STATEMENT OF ACCURACY/BACKGROUND CHECK AUTHORIZATION

The above information is accurate to the best of my recollection. I understand that this is strictly a volunteer position and I will receive no remuneration for services and time volunteered. I am aware that if the Conference Children's/Youth Ministries Department should require a background check, by signing this form I give my authorization for it to be done.

Applicant's Signature _____

Date _____