Volunteer Application

The care and protection of all those entrusted to our care is of the utmost importance. All volunteer roles are contingent on a minimum of 6-months attendance, including active participation in the life of the church and Sunday morning worship, as well as completed the background checks listed at https://www.adpgh.org/protecting-our-people/.

PERSONAL

Last Name	First Name	Middle Name

Street Address	City	State	Zip Code

Phone Number	Email Address	Date of Birth

WORK and VOLUNTEER HISTORY

Please list the organizations where you have worked/volunteered in the last 5 years

Organization	Title/Role	Dates Involved

Supervisor Name	Supervisor Email Address	Supervisor Phone

Organization	Title/Role	Dates Involved

Supervisor Name	Supervisor Email Address	Supervisor Phone

Organization	Title/Role	Dates Involved

Supervisor Name	Supervisor Email Address	Supervisor Phone

CHURCH MEMBERSHIP

Which church/churches have you attended in the last 5 years?

Church Name/Denomination	Pastor Name	Years Attended

Church Name/Denomination	Pastor Name	Years Attended

Church Name/Denomination	Pastor Name	Years Attended

CONVICTIONS/BEHAVIORS

Have you ever been convicted of, pleaded guilty to, or pleaded no contest to any crime?	☐ Yes ☐ No
Have you ever participated in or been accused of, convicted of, or pleaded guilty or no contest to abuse or any sexual misconduct?	☐ Yes ☐ No
Do you have any traits or tendencies that could pose a threat to children, youth, or others, including use of pornography or illegal substances?	☐ Yes ☐ No
Is there any reason why you should not work with children, youth, or others?	☐ Yes ☐ No

If the answer to any of these questions is "yes," please explain in detail:

REFERENCES

List two independent (no relatives) references. Past ministry leaders or former employers preferred.

Name	Relationship	Email Address	Phone Number
Name	Relationship	Email Address	Phone Number

VERIFICATION and AUTHORIZATION

I _____ recognize that _____ is relying on the accuracy of the information I provide on this Volunteer Application form. I affirm that the information I have provided is true and correct. I authorize the organization to contact any person or entity listed on this form and request that person or entity to provide the organization with information, opinions, and impressions relating to my background or qualifications. I also waive and release such person and/or entity from any and all liability for damages of any kind with respect to providing such information, opinions, and impressions.

I have carefully read the policy and procedures of the organization, and I agree to abide by them and to protect the health and safety of the children or youth assigned to my care or supervision at all times.

Signature	Printed Name	Date

BACKGROUND CHECK AUTHORIZATION

Other Names you've been known by and dates used

Social Security Number	Driver's License Number	State Issued

The information contained in this application is correct to the best of my knowledge.

I hereby authorize _____ and its designated agents and representative to conduct a comprehensive review of my background causing a consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records. I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to _____ or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release _____ and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Signature	Printed Name	Date