**Wayzata Community Church**

**Child and Youth Volunteer Application Form**

This form must be completed before working with children or youth. The safety of the children and youth who participate in the many wonderful ministries of Wayzata Community Church (WCC) is essential to its mission of helping them grow spiritually and emotionally and become disciples of Jesus. As members of this community we will intervene on behalf of children and youth if we suspect physical and/or sexual abuse, self- injuring behaviors and/or harm to others. To help us provide a safe environment for our children, we ask volunteers to complete the following information.

**PERSONAL INFORMATION**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Last

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What program are you volunteering for (HS, MS, Elem, EC, Parables, other)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently a member of Wayzata Community Church? \_\_\_ yes \_\_\_ no

If not, how long have you attended? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List all previous experience working with children/youth in previous churches or community organizations. (Use back side if necessary)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFERENCES:**

Members of less than 6 months and non-members, please provide the names, addresses, and phone numbers of three (3) non-relatives who are familiar with your character as it relates to working with children and youth.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE ANSWER EACH QUESTION. YOUR RESPONSES WILL BE KEPT CONFIDENTIAL.**

1. Is there any circumstance that might call into question your being entrusted with the leadership a spiritual development of children and youth of Wayzata Community Church? \_\_\_ yes \_\_\_ no
2. Have you ever had any reports of physical, sexual abuse or child neglect filed again you?

\_\_\_ yes \_\_\_ no

1. Have you ever been arrested for, charged with or convicted of a crime involving a person under the age of 18? \_\_\_ yes \_\_\_ no
2. As a Wayzata Community Church volunteer, do you agree to observe all Church policies regarding work with children and/or youth? \_\_\_ yes \_\_\_ no
3. Have you read, and do you understand and agree to abide by, the "Child and Youth Protection Policy?" \_\_\_ yes \_\_\_\_ no
4. Do you consent to background inquiries by Wayzata Community Church to references named by you and any other persons, or to verify any information supplied by you? \_\_\_ yes \_\_\_ no
5. Would you submit to a criminal background check if asked? \_\_\_yes \_\_\_no

If you answered yes to questions 1, 2 or 3, please explain: (Use back if necessary)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VOLUNTEER DRIVER INFORMATION FORM –**

**Only volunteers who hold roles that include the transporting of children, youth and/or Vulnerable Adults must complete Drivers Information Form.**

1. Will you be driving children or youth to and from WCC sponsored activities or for extended periods of time (retreats, mission trips, camp etc.? Drivers must be at least 25 years of age. \_\_\_\_yes \_\_\_\_no
2. Have you had any major violations (drug or alcohol offenses, major moving violations like excessive speed (>20 MPH), reckless, negligent or careless driving etc.) \_\_\_\_yes \_\_\_\_no
3. Have you had more than three minor violations or minor accidents combined in past 3 years?

\_\_\_yes \_\_\_\_no

1. Would you allow WCC to pull your driving record? \_\_\_yes \_\_\_no
2. What is your driver’s license number? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Please provide proof of insurance (photo of card or insurance policy number)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. I agree to obey all traffic safety laws. \_\_\_\_yes \_\_\_\_no

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer Signature Date