



Volunteer Check list

****For those that are related to Children's Ministries or the SHIELD Team.**

○ Application

○ Permission to Obtain a Background Check

This can also be done online at foothillsonline.com (located under Ministry Forms on the bottom section of our website)

○ 2 References



OFFICE USE ONLY

Ministry
Leader Initials:

VOLUNTEER APPLICATION

Ministry Interested in Serving: _____

PERSONAL INFORMATION

Name: _____
Last First (Full) Middle (Full)

Address: _____
Street or PO Box

_____ City State Zip

Date of Birth: ____ - ____ - ____ E-Mail: _____

Home Phone: _____ Cell Phone: _____

How long have you attended Foothills Community Church?: _____ mo's. yr's.
(Please note: Must attend Foothills Community Church a minimum of 6 months before serving in any ministry.)

What other volunteer work experience do you have? (Please list)
(Previous ministry experience is not required to volunteer at Foothills Community Church)

Organization	Dates	Contact	Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Have you at any time ever:

- Been arrested for any reason? Yes No
- Been convicted of, or pleaded no contest to, any crime? Yes No
- Participated in, been accused of, convicted of, or pleaded guilty or no contest, to any abuse or sexual molestation? Yes No

Are you aware of:

- Having any traits or tendencies that could pose any threat to children, youth, or others? Yes No
- 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: _____

(Please note: Foothills Community Church will contact references.)

CHURCH ACTIVITY

What church or churches have you attended in the past 5 years?

Church Name	Pastor's Name	Phone
_____	_____	_____
_____	_____	_____

PERSONAL & SPIRITUAL HISTORY

Write a brief testimony describing how you became a Christian:

Write briefly about significant events in your life that have impacted you spiritually:

What accountability do you currently have in your spiritual journey? (Life Group, Bible Study, Regular Church Attendance)

What are you doing to aid you in your spiritual journey? In other words, what are you doing to help you grow spiritually?

APPLICANT VERIFICATION & RELEASE

I recognize that the organization to which this application is being submitted is relying on the accuracy of the information contained herein. Accordingly, I attest and affirm that all of the information that I have provided is absolutely true and correct.

I authorize the organization to contact any person or entity in this application, and I further authorize any such person or entity to provide the organization with full information, opinion, and impressions relating to my background or qualifications. In addition, I understand that the Pastors and Children's Ministry Director of Foothills Community Church will be confidentially discussing my application.

I voluntarily release the organization and any such person or entity herein from liability involving the communication of information relating to my background or qualifications.

Signed: _____

Printed Name _____ Date _____



REFERENCE #1

_____ has applied to volunteer in our _____ Ministry Department.
(Name of Volunteer) (Ministry Name)

Your honest evaluation of this applicant is greatly appreciated.

*Do not return completed form to applicant. Please mail or fax this reference within 7 days to the location listed at the bottom of this page, Attn: _____ (Ministry Leader.)
Self-addressed envelope enclosed for your convenience. Your reply will be held in strict confidence.*

Your Name: _____ Church Position (if any): _____

Church Address: _____ City: _____ State: _____ Zip Code: _____

Church Phone Number(s): _____

Your Address: _____ City: _____ State: _____ Zip Code: _____

Your Phone Number(s): _____

1. How long have you known the applicant? In what type of relationship?
2. It is possible that the applicant will be working with a variety of people and different ages. With that in mind, do you know if the applicant has struggled in the area of emotional stability (ie: eating disorders, bipolar disorder, depression, etc.) or sexual immorality during the last 12 months?
 Yes No, don't know. (If yes, please explain)
3. How have you seen the applicant grow and mature during the last year? (emotionally and/or spiritually)
4. Comment on the applicant's ability to relate with people and make friends.

5. How does the applicant relate to people in leadership over him/her? Is he/she teachable and willing to follow instructions?

6. How have you seen the applicant demonstrate a positive or negative influence on a group?

7. Please indicate your evaluation of the applicant in the following areas, one being the lowest rating, three being average and five the highest.

	Lowest 1	2	Average 3	4	Highest 5	Don't Know
Consistency of Christian walk and witness						
Ability to put needs of others ahead of own						
Physical health (ie, walking, vision, hearing, etc.)						
Ability to change						
Ability to resolve conflict						
Cooperation in a team setting						
Servant Attitude						
Positive attitude in challenging circumstances						
Responsible						
Expresses thoughts/feelings well						
Emotional stability						
Punctuality						

8. If you were a part of this ministry, would you want this person on your team? Why or why not?

9. Please give any further information about the applicant that we should know.

Signature: _____ Date: _____



REFERENCE #2

_____ has applied to volunteer in our _____ Ministry Department.
(Name of Volunteer) (Ministry Name)

Your honest evaluation of this applicant is greatly appreciated.

*Do not return completed form to applicant. Please mail or fax this reference within 7 days to the location listed at the bottom of this page, Attn: _____ (Ministry Leader.)
Self-addressed envelope enclosed for your convenience. Your reply will be held in strict confidence.*

Your Name: _____ Church Position (if any): _____

Church Address: _____ City: _____ State: _____ Zip Code: _____

Church Phone Number(s): _____

Your Address: _____ City: _____ State: _____ Zip Code: _____

Your Phone Number(s): _____

1. How long have you known the applicant? In what type of relationship?
2. It is possible that the applicant will be working with a variety of people and different ages. With that in mind, do you know if the applicant has struggled in the area of emotional stability (ie: eating disorders, bipolar disorder, depression, etc.) or sexual immorality during the last 12 months?
 Yes No, don't know. (If yes, please explain)
3. How have you seen the applicant grow and mature during the last year? (emotionally and/or spiritually)
4. Comment on the applicant's ability to relate with people and make friends.

5. How does the applicant relate to people in leadership over him/her? Is he/she teachable and willing to follow instructions?

6. How have you seen the applicant demonstrate a positive or negative influence on a group?

7. Please indicate your evaluation of the applicant in the following areas, one being the lowest rating, three being average and five the highest.

	Lowest 1	2	Average 3	4	Highest 5	Don't Know
Consistency of Christian walk and witness						
Ability to put needs of others ahead of own						
Physical health (ie, walking, vision, hearing, etc.)						
Ability to change						
Ability to resolve conflict						
Cooperation in a team setting						
Servant Attitude						
Positive attitude in challenging circumstances						
Responsible						
Expresses thoughts/feelings well						
Emotional stability						
Punctuality						

8. If you were a part of this ministry, would you want this person on your team? Why or why not?

9. Please give any further information about the applicant that we should know.

Signature: _____ Date: _____

DISCLOSURE and AUTHORIZATION – BACKGROUND INVESTIGATION

In connection with my application for employment or to serve as a volunteer with **Foothills Community Church** ("Client"), I understand that a "consumer report" and/or "investigative consumer report", as defined by the Fair Credit Reporting Act (15 U.S.C. § 1681), will be requested by Client for employment or volunteer purposes, whichever is applicable, from Protect My Ministry, Inc., ("Protect My Ministry"), a consumer reporting agency as defined by the Fair Credit Reporting Act. These reports may include information as to my character, general reputation, personal characteristics or mode of living, whichever are applicable. They may involve interviews with sources such as my neighbors, friends or associates. The report may also contain information about me relating to my criminal history, credit history, driving and/or motor vehicle records, social security number verification, verification of education or employment history, worker's compensation (only after a conditional job offer) or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I am hired or serve as a volunteer, whichever is applicable, throughout the course of my employment or volunteer service, as permitted by law and unless revoked by me in writing. Client also reserves the right to share my report with any third-party with whom I will be placed to work or volunteer with as a representative of Client. I understand that I have the right, upon written request made within a reasonable amount of time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to Protect My Ministry, Inc., 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618 or 1-800-319-5581. For information about Protect My Ministry's privacy practices, see www.protectmyministry.com.

Acknowledgement and Authorization

By signing below, I authorize Client or its authorized agents to obtain or prepare consumer reports or investigative consumer reports about me. I acknowledge receipt of a copy of the federal notice entitled *A Summary of Your Rights under the Fair Credit Reporting Act* and certify that I have read this Disclosure and Authorization as well as the summary document explaining my rights under the Fair Credit Reporting Act.

Signature _____ TODAY'S DATE _____

Ministry/Position _____ Authorized By _____

LAST NAME _____ FIRST NAME _____ MIDDLE NAME/INITIAL _____

HOME ADDRESS _____

MAILING ADDRESS (IF DIFFERENT FROM ABOVE) _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

SSN _____ D/L or STATE ID _____ STATE ISSUED _____

EMAIL ADDRESS _____ PHONE NUMBER (S) _____

For identification purposes only, please provide FULL DOB: _____

Please List Other Names Used _____



State Consumer Reporting Requirements – Background Investigation

Residents of California and Maine only:

Under state law you have a right to receive a copy of your investigative consumer report and/or consumer credit report, free of charge, if one is requested by Client. By checking the box below a copy of your report will be provided to you at the address you provide on the Disclosure and Authorization.

I wish to receive a copy of any report on me that is requested.

Residents of Massachusetts only:

Under state law you have a right to receive a copy of your investigative consumer report if one is requested by Client. By checking the box below a copy of your report will be provided to you at the address you provide on the Disclosure and Authorization.

I wish to receive a copy of any report on me that is requested.

Residents of Minnesota and Oklahoma only:

Under state law you have a right to receive a copy of your consumer report, free of charge, if one is required by Client. By checking the below box, a copy will be provided to you at the address you provide on the Disclosure and Authorization.

I wish to receive a copy of any report on me that is requested.

Residents of New York only:

Under state law you have the right to inspect and receive a copy of any investigative consumer report requested by Client by contacting Protect My Ministry directly. You also acknowledge receipt of a copy of Article 23-A of the New York Correction Law by checking the below box.

I wish to receive a copy of any report on me that is requested.

Residents of Washington State only:

Under state law you have a right to request a copy of the Washington Fair Credit Reporting Act's disclosure to consumers (RCW 19.182.070) and a copy of your report by contacting Protect My Ministry directly.