

Faith Lutheran Church

# VOLUNTEER INFORMATION SHEET

Thank you very much for your interest in ministering to our infants, children and youth. Please take a few minutes to fill out this form. Faith Lutheran Church places a high value on providing a safe environment and this form will help us do that.  
**Information provided will remain confidential and secured.**

## GENERAL INFORMATION

Name: \_\_\_\_\_  
                    First                    Middle                    Last

Home Phone: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

In case of an emergency, whom should we contact? \_\_\_\_\_ Phone: \_\_\_\_\_

All volunteers working with infants, children, and/or youth must successfully:

- Have been an active participant at Faith Lutheran Church for six months. *Volunteers who are not members of Faith Lutheran must have participation verified by a Faith Lutheran staff member or Seeds of Faith Director.*
- Complete this form
- Complete the background check and authorization form

You have had at least 6 months of participation as a:

- Member of Faith Lutheran
- Active Participant
- Seeds of Faith Parent

Please list previous volunteer work you have done with children or youth in the past (when, where/name of church or organization, and what):

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

## SAFETY INFORMATION

Have you ever been convicted or pleaded guilty of a criminal offense against a person? \_\_\_\_\_

Do you have a record of convicted child abuse? No \_\_\_\_\_ Yes \_\_\_\_\_

If you have answered yes to any of the above, please explain:

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

Do you wish to speak with a pastor? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_

Do you have any training/certification in first aid or CPR? \_\_\_\_\_

## REFERENCES

At least one of these references should be a Faith Lutheran member. If you are not a member or have been a member for less than six months, please list Pastor of most recent church. Other references should be an employer or other organization for which you have volunteered.

Name \_\_\_\_\_

Position \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

I give Faith Lutheran Church the right to make a thorough investigation of the information presented in this form, volunteer work and other activities, and I release from all liability all persons, companies, churches and agencies supplying such information. I also release Faith Lutheran Church, its employees, agents, and representatives from all liability, which might result from making such investigation. I understand that any false answer and statements or implications made by me in this application or other required documents shall be considered sufficient cause of denial to participate in the programs of Faith Lutheran Church involving infants, children and youth. I understand that Faith Lutheran Church may request a review of policy/criminal records concerning me. I understand that falsification of any information provided by me on my application or non-disclosure of any material information may be grounds for rejection, or for my discharge upon discovery. This information will be used in a consistent and nondiscriminatory fashion, and all reasonable efforts will be made to share this information on a need to know basis only.

Signature: \_\_\_\_\_

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

**THANK YOU FOR TAKING THE TIME TO FILL OUT THIS INFORMATION SHEET.  
AND THANK YOU FOR YOUR INTEREST IN SERVING AS A CHILDREN AND FAMILY MINISTRY/YOUTH AND FAMILY VOLUNTEER!**