

# Volunteer Ministry Information Form

## Section I PERSONAL INFORMATION

Name		Email	
Address		City	State   Zip
Hm Phone	Wk Phone	Volunteer Position(s) Interested In:	
Church Membership			
Churches Attended in last 5 years:			
PREVIOUS RESIDENCES FOR LAST 10 YEARS (List dates at each address)			
Dates:		Address:	
Dates:		Address:	
Dates:		Address:	
Name of Emergency Contact:		Relationship:	Phone:

## Section II HEALTH INFORMATION

List any injury/disability/health factor that might limit your involvement in ministry activities, or impact the health of children (i.e., communicable diseases, physical limitations, etc.):

## Section III EDUCATION/TRAINING INFORMATION

Highest Level of Formal Education	Area(s) of Study
Certifications/Licenses Held	
Church Offices Held	

## Section IV REFERENCES

List below three individuals (other than family members) who could recommend you for this volunteer ministry

NAME	ADDRESS	CITY	STATE	ZIP	PHONE
Pastor					
Other					
Other					

\*\*\*\* PLEASE COMPLETE SECTIONS V & VI ON BACK OF FORM BEFORE SUBMITTING TO YOUR LOCAL CHURCH OR SCHOOL BOARD \*\*\*\*

## LOCAL CHURCH / SCHOOL ACTION

Please note that the local church or school board MUST complete this section before submitting to the Conference Office for processing or form will be returned

<input type="checkbox"/> Guidelines for Volunteers & Caregivers signed and copy given to applicant	<input type="checkbox"/> Date Volunteer Ministry Information Form received by board: _____
<input type="checkbox"/> Referenced check by (printed name): _____	Church / School Name _____
Signature of Board Chairperson _____	Signature _____ Date _____

## CONFERENCE OFFICE USE

Date Rec'd _____	Date Background Check Completed _____	By (print name) _____
<input type="checkbox"/> Recommended for Approval	<input type="checkbox"/> NOT Recommended for Approval	
Signature of Conference Official _____	Date _____	

**Section V****BACKGROUND**

Date of Birth _____	Social Security Number _____
Driver's License Number _____	State _____ Expiration Date _____
Car Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	Willing to Provide Transportation <input type="checkbox"/> Yes <input type="checkbox"/> No

As a result of our concern for the safety and protection of children and youth, we require all potential volunteers to 1) complete and return this Volunteer Ministry Information form, 2) consent to a voluntary criminal record check, and 3) read and agree to follow the Guidelines for Volunteers.

Have you ever been convicted of a felony?  Yes  No

Have you been denied legal custody of your children in any legal proceedings, including divorce decrees or settlements?  Yes  No

Have you ever been accused of, charged with, disciplined for, or convicted of any unlawful sexual conduct, abuse, child abuse, child neglect, and/or child sexual abuse?  Yes  No

Have you been required to register as a sex offender in any jurisdiction?  Yes  No

If you answered yes to any of the above, please supply the date, place, type of conduct, disposition and sentence, if applicable:

**Section VI****STATEMENT OF ACCURACY**

The information contained in this form is current to the best of my knowledge. I understand that this is strictly a volunteer position, and I expect no remuneration for services and time volunteered.

I authorize any persons giving a reference or churches listed in this form to disclose information that they may have regarding my character and fitness for serving in a voluntary ministry that may involve children or youth. I hereby release any individual, church, or organization from any and all liability for damages which may result to me, my heirs, or family for compliance with this authorization, and agree that the church and conference may maintain this information. My signature on this form confirms my understanding and agreement that: In the event that allegations of criminal or sexual misconduct arise regarding my conduct while I serve in a volunteer capacity, the church will fully cooperate with any investigation. I further state that I have carefully read the foregoing release and understand the contents thereof, and that I sign this release as my own free act. This is a legally binding agreement, which I have read and understand.

Further, I have read and agree to follow the Guidelines for Volunteers and I give my consent for a voluntary criminal record check.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please be sure you have answered every question and signed your name above.  
Application cannot be accepted without a signature.  
Return this completed form to the pastor of your local church or chairperson of your local school board.**

**Purpose**  
The Volunteer Ministry Information Form assists churches in appointing the best possible individuals to serve within the various ministries the church offers. This form is part of a screening process which protects the volunteers, while also serving to protect children and youth from predators and the church from liability. This record, once turned in, becomes the property of the local church and conference. Applicants may request that a copy of the Volunteer Ministry Information Form be forwarded to another church should they move their membership.

**Procedure**  
Copies of this Volunteer Ministry Information Form are available from the church office or the Alaska Conference Office. Ministry leaders are responsible for distributing forms to prospective volunteers and making certain that they have completed the screening process prior to serving.  
The completed forms are returned to the church pastor, who passes them on to the Volunteer Screening Committee. This group, appointed by the church board, determines volunteer eligibility. The committee interviews applicants, checks references and **may** request a criminal record check by the Alaska Conference Office. The committee's recommendation, marked on page 1, is signed and dated. The committee gives a copy of the first page of this form to the ministry leader. The applicant agrees to participate in any orientation or training programs conducted by the church or conference. The Volunteer Ministry Information Form shall be shared with another church entity only upon the applicant's written request. Any such requests will be attached to the original document and kept on file.

**Policy**  
All information on this Volunteer Ministry Information Form is required by the North American Division. The information on this form shall be kept confidential and become a permanent record of the Seventh-day Adventist Church. Volunteer records should be updated every three years. In the event of accusations against the applicant, opportunity shall be given for response by the accused. Such a response will also become a part of the record and must be attached to this form.

**North American Division of Seventh-day Adventists**  
12501 Old Columbia Pike, Silver Spring, MD 20904-6600 Telephone: 301.680.6425 Fax 301.680.6464 [www.nadadventist.org](http://www.nadadventist.org)

**Code of Conduct and Guidelines for Volunteers  
Revised 2005**

Acknowledgement

Because our society is filled with pain, problems, and litigation caused by improper conduct of individuals working with children and youth, it is imperative that those working with children have meaningful guidelines for conduct in order to protect both themselves and those under their care. As a ministry volunteer, you want parents and others to feel comfortable and confident with you.

My Commitment to Volunteer Ministry: I will,

1. **Never leave a child or group of children for whom I am responsible unattended. I will provide appropriate supervision at all times.**
2. Always have **at least one other adult, 18 years of age or older, to help with the supervision of children.** If I find in a situation where I am the only adult present, UNDER NO CIRCUMSTANCES will I allow myself to be alone with one child.
3. **Always ask a child's permission before physically touching** him/her anywhere, even when responding to an injury or problem. This is especially true for any area that would normally be covered by a T-shirt and/or shorts. (If an injury is within this area, make sure another adult works with you as you provide care.)
4. **Refrain from physical and verbal attacks and corporal punishment** which are inappropriate behaviors and should never be used as discipline. "Time outs" or "sit-in-that-chair" may be helpful methods with children.
5. **Affirm children with appropriate touching by** keeping hugs brief and "should-to-shoulder" or "side-to-side." (Always keep your hands at (not below) the shoulder level. A caregiver kiss should be to the forehead or cheek only—not elsewhere. For small children who like to sit on laps, I will encourage them to sit next to me.)
6. **Provide extra care when taking small children to the restroom.** I will take another adult along, or leave the door open.
7. **Be aware of conducting activities in rooms that do not have an interior viewing area,** or I will leave the door open during the activity to allow easy observation by others.
8. **Cooperate with the volunteer screening process and complete the Volunteer Ministry Information Form,** as required by the church.
9. **Be aware of the signs and symptoms of child abuse and aware of the legal requirements for reporting suspected cases of abuse.**
10. **Cooperate with church leadership in conducting children and youth ministries** by being a volunteer who is loving, kind, firm, and always a thoroughly professional person. Working with children and youth is not only a privilege; it is also a serious responsibility that must be approached with utmost care. As a volunteer, I will participate in orientation and training programs conducted by the church.

The North American Division of the General Conference of Seventh-day Adventists and Adventist Risk Management, Inc., recommend these Guidelines for Volunteers, which serve as a protection to you, your ministry, and the church from allegations of abuse.

**I, the undersigned, have read this document and agree to abide by the Code of Conduct and Volunteer Guidelines outlined. I will retain a copy of this document and keep it for reference.**

DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_