

**St Joe Community Church, Fort Wayne, Indiana**  
**Confidential Volunteer Application Form**

This application is to be completed by all applicants for any position involving the supervision or custody of minors and the disabled. It will help our church family provide a safe and secure environment for everyone.

**Personal Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

DOB (m/d/y) \_\_\_\_/\_\_\_\_/\_\_\_\_ Previous/Maiden Last Name \_\_\_\_\_ Gender \_\_\_\_\_

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Today's Date \_\_\_\_\_

Email \_\_\_\_\_ Marital Status \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work/Mobile Phone (\_\_\_\_) \_\_\_\_\_

Occupation \_\_\_\_\_

Do you have a current driver's license? Y N If yes, indicated State of Issuance \_\_\_\_\_

Have you ever been charged with, indicted for, or pled guilty to an offense involving a minor? Y N

If yes, please describe all convictions for the past ten years (use more paper if necessary) \_\_\_\_\_

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

Is there any reason why you should not work with children, youth or the disabled? Y N

Are you aware of any personal traits or tendencies that could pose a threat to children, youth or the disabled? Y N

Were you a victim of abuse or molestation while a minor? \* Y N

\*If you prefer, you may refuse to answer this question. You may discuss your answer in confidence with one of our church ministers rather than answering on this form. Answering yes or leaving the question unanswered will not automatically disqualify you.

**Church Information**

When did you make a profession of faith in Christ? \_\_\_\_\_

When were you baptized? \_\_\_\_\_ Where? \_\_\_\_\_

List any gifts, callings, training, education, or other factors that have prepared you for working with minors

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

Are you a member of this church? Y N If yes, how long? \_\_\_\_\_

1. If no, list your church membership contact information in first area of the "Church History" section
2. Please list other churches you have attended regularly during the past five years.
3. Include the type of work involving minors that you performed.

(Over)

**St Joe Community Church**  
**Confidential Volunteer Application Form (Continued)**

**Church History**

Church Name \_\_\_\_\_

Church Address \_\_\_\_\_ Church Phone (\_\_\_\_) \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Type(s) of work involving children \_\_\_\_\_ Dates \_\_\_\_\_

Church Name \_\_\_\_\_

Church Address \_\_\_\_\_ Church Phone (\_\_\_\_) \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Type(s) of work involving children \_\_\_\_\_ Dates \_\_\_\_\_

Church Name \_\_\_\_\_

Church Address \_\_\_\_\_ Church Phone (\_\_\_\_) \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Type(s) of work involving children \_\_\_\_\_ Dates \_\_\_\_\_

**Personal References** *(not former employers or relatives)*

Name	Address	City/State/Zip	Phone
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List previous non-church work involving children (attach additional sheet if necessary)

Organization	Address	City/State/Zip	Phone
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_____	_____	_____	_____
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**Application Statement:** (please read and checkmark each statement)

- The information contained in this application is correct to the best of my knowledge.
- I authorize references or churches listed in this application to provide information (including opinions) they may have regarding my character and fitness for working with minors.
- I release all such information from any liability for furnishing such evaluations, provided they do so in good faith and without malice.
- I waive any right I may have to inspect references on my behalf.
- I authorize St Joe Community Church to perform a background check.
- Should my application be accepted, I agree to be bound by the bylaws, policies and procedures of this church and to refrain from any unscriptural conduct in the performance of my services on behalf of the church.
- I further state that I have carefully read the forgoing release and know the content there of and I sign this release as my own free act. This is a legally binding agreement which I have read and understand.

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

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_



**P.O Box 15471  
Fort Wayne, Indiana 46748-5471  
(260) 471-4704**

## Permission to Obtain a Background Check

During the application process and at any time during the tenure of my employment or volunteer assignment with **St Joe Community Church**, I hereby authorize independent contractor, LexisNexis, on behalf of **St Joe Community Church** to procure background information (also known as a “consumer report and/or investigative consumer report”) about me. This report may include my driving history (including any traffic citations), a social security number verification, present and former addresses, criminal and civil history, and the state offender records.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to **St Joe Community Church**, if such a request is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Full Name (first, middle, last)

\_\_\_\_\_  
Other Names Used (Alias, Maiden, Nickname) *if none, leave blank*

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

Street/P.O. Box

City

State

Zip

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

Street/P.O. Box

City

State

Zip

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth (m/d/y)

\_\_\_\_\_  
Gender

\_\_\_\_\_  
Driver's License No.

\_\_\_\_\_  
State of Issuance