

Volunteer Application

To work with Children and Youth
To be completed by Volunteers age 14 and up

Thank you so much for your interest in serving at Tree of Life Ministries (TOL). To maintain our commitment to excellence, we set high standards in the areas of safety and security. This completed application is necessary for preserving our safe environment and complying with the Child Protection Policy of TOL.

Please fully and accurately complete this Volunteer Application.

General Information

Name: _____
First Middle Last

Other Names Used (alias, maiden, nickname): _____

Contact information:

Phone _____ Cell _____ Email _____

Identification:

Social Security Number: _____ Birthdate: _____

Driver's License Number: _____ State Issued: _____

Address:

Current Street Address: _____

City: _____ State: _____ ZIP: _____

How long have you lived at this address: _____ In this state? _____

Previous Address: _____

City: _____ State: _____ ZIP: _____

Place of Employment: _____ Phone: _____

Have you completed a Volunteer Registration Card with Tree of Life Ministries? Yes No

Why do you wish to work with children/youth? What gifts and experience to you have in this area?

What are your extracurricular activities, hobbies and interests?

References

Please list three personal references that are familiar with your character and abilities. Contacts at prior churches are appropriate. Please do not include relatives and members of TOL staff. References are confidential.

1. Name: _____
Current Address: _____
City: _____ State: _____ ZIP: _____ Phone: _____
Email: _____
Nature of the relationship with you: _____
2. Name: _____
Current Address: _____
City: _____ State: _____ ZIP: _____ Phone: _____
Email: _____
Nature of the relationship with you: _____
3. Name: _____
Current Address: _____
City: _____ State: _____ ZIP: _____ Phone: _____
Email: _____
Nature of the relationship with you: _____

List all previous work involving children/youth (list each organization, address, type of work and dates).

Signature for Youth Applicants under the age of 18

All of the information on this form is true and correct.

Applicant's Name (please print): _____

Applicant's Signature: _____ Date: _____

I am the parent/guardian of the above listed child, and give permission for him/her to volunteer at TOL.

Parent or Guardian's Signature: _____ Date: _____

Testimony (Adults Only)

On the back of this form, please write a brief testimony as to how you came to know Jesus Christ as your Lord and Savior, as well as the status of your current relationship with Him.

Authenticity and Authorization for Background Check (Adults Only)

I understand and agree that:

All information I have provided may be verified. I agree to release from liability any and all persons or organizations that provide information regarding me, including these persons I have listed as references. I do hereby agree to indemnify and hold harmless, Tree of Life Ministries of Purcellville, its employees, representatives and agents from any claims or causes or action relating in any manner to the verification of or attempts to verify the information provided, attempts to contact references or conversations with any references. I understand that any information received will not be disclosed to me, and I hereby waive any right I have to inspect any information provided about me by any person or organization identified by me on this form.

The information contained in this application is correct to the best of my knowledge. I hereby authorize IntelliCorp. and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to IntelliCorp. or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release Tree of Life Ministries, IntelliCorp., the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

I further state that I have carefully read the foregoing release and know the contents thereof and voluntarily sign this release as my own free act. This is a legally binding agreement which I have read, understood and accept. By signing this form, I certify and affirm that the information I have given is true, complete and correct in all respects.

Applicant's Name (please print): _____

Applicant's Signature: _____ Date: _____

**Thank you for taking the time to complete this application.
Please turn it in to your ministry leader.**

OFFICE USE

Reference Check	Interview	Leader Approval	Background Check	Complete
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