



Volunteer Ministry Information

SECTION I		Personal Information		
Name:		Email:		
Address		City		State
Home Phone:	Work Phone:	Volunteer position(s) interested in:		
Church Membership:				
Churches of which you have been a member in the last 5 years:				
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		Previous Experience		
Have you worked in a Children's department or ministry before? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, which one(s): <input type="checkbox"/> Nursery <input type="checkbox"/> Cradle Roll <input type="checkbox"/> Kindergarten <input type="checkbox"/> Primary <input type="checkbox"/> Juniors <input type="checkbox"/> Pathfinders <input type="checkbox"/> Youth Ministry <input type="checkbox"/> COOL or other camp setting <input type="checkbox"/> Day Care <input type="checkbox"/> Other _____ What did you do? Other Church offices held (Deacon/ess, Elder, Adult Sabbath School, etc.):				
SECTION IV		Personal References		
List below three individuals (other than family members) who could recommend you for this volunteer ministry:				
Name	Street Address	City/State	Zip	Phone
Pastor 1.				
Other 2.				
Other 3.				
*** OFFICE USE ONLY ***				
<input type="checkbox"/> Guidelines for Volunteers signed (attached, and copy given to applicant on _____) <div style="text-align: right; margin-right: 100px;">Date</div>				
Date Received:		<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended		
Date of Committee decision:				
Signature of Chairperson:			Church Name:	

SECTION V			Background
Date of Birth:	Sex:	Race:	Social Security #:
Driver's License #:		State:	Exp. Date:
<p>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 (VMI) form, 2) consent to a voluntary criminal record check, and 3) read & agree to follow the Guidelines for Volunteers.</p>			
Have you ever been convicted of a felony?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been denied legal custody of your children in any legal proceedings, including divorce decrees or settlements?		<input type="checkbox"/> Yes	<input type="checkbox"/> 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?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been required to register as a sex offender in any jurisdiction?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been accused of, charged with, disciplined for, or convicted of any crime involving possession or use of illegal drugs?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered yes, please supply the date, place, type of conduct, disposition, and sentence, as applicable.			
SECTION VI			Statement of Accuracy
<p>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.</p> <p>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 volunteer 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 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.</p> <p>Further, I have read and agree to follow the Guidelines for Volunteers and I give my consent for a voluntary criminal record check.</p>			
APPLICANT'S SIGNATURE:*		Date:	
<small>* 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 Ministry Development Team.</small>			
<p>Purpose</p> <p>The Volunteer Ministry Information Form assists our church 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. Applicants may request that a copy of their Volunteer Ministry Information Form be forwarded to another church should they move their membership.</p> <p>Procedure</p> <p>Copies of this Volunteer Ministry Information Form are available from the church office, or from www.nadadventist.org. 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 Ministry Development Team. This group, appointed by the Church Board, determines volunteer eligibility. The committee interviews applicants, checks references, and may request a criminal record check. 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.</p> <p>Policy</p> <p>The 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.</p>			
<p>Collegedale Seventh-day Adventist Church</p> <p>4829 College Drive East * P.O. Box 3002 * Collegedale, TN 37315 * Telephone: (423) 396-2134 * Fax: (423) 396-9509</p> <p>Website: collegedalechurch.com email: church.southern.edu</p>			