



**Child and Youth Volunteer Application**

Name \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_

Best Phone \_\_\_\_\_ Other Phone \_\_\_\_\_  
Cell Work Home Cell Work Home

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

How long have you been a member or active participant at Lakeside Presbyterian Church? \_\_\_\_\_

Special interests, hobbies and skills \_\_\_\_\_

What previous or current related work or volunteer experience do you have? \_\_\_\_\_

Why would you like to volunteer to work with children and/or youth? \_\_\_\_\_

What qualities do you have that would help you work with children and/or youth? \_\_\_\_\_

What training have you received in the care and nurture of children and/or youth? \_\_\_\_\_

Would you be available for periodic training?  
\_\_\_\_\_ Yes. \_\_\_\_\_ No. If no, please contact staff to explain.

**References:** Please list three references (not related to you) and provide contact information for each.

1. Name \_\_\_\_\_ Relationship to you \_\_\_\_\_  
Phone \_\_\_\_\_ and/or Email \_\_\_\_\_  
Address \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to you \_\_\_\_\_  
Phone \_\_\_\_\_ and/or Email \_\_\_\_\_  
Address \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship to you \_\_\_\_\_  
Phone \_\_\_\_\_ and/or Email \_\_\_\_\_  
Address \_\_\_\_\_

I represent that I have read and agree to the policies and guidelines of Lakeside Presbyterian Church and that each of my responses is truthful and accurate to the best of my knowledge:

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

# CONFIDENTIAL



## Background Check Form

In caring for children and youth, we believe it is our responsibility to seek adult staff and volunteers that are able to provide healthy, safe and nurturing relationships. Please fill out this form accordingly. The results of a background check will not automatically disqualify you from working with children or youth and will remain confidential with the Lakeside staff. Any special concerns can be discussed individually with the pastoral staff.

Name \_\_\_\_\_  
(first) (middle) (last)

Former Name(s) \_\_\_\_\_

Street Address \_\_\_\_\_ At this address since \_\_\_\_\_

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

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License Number and State \_\_\_\_\_

Have you ever been charged with a felony which was pled to a misdemeanor?  Yes  No  
*If Yes, please explain on the back of this form.*

I understand the purpose of this background check is to ensure appropriate protections are in place for children or other vulnerable individuals with whom I might be volunteering. I further understand that some, but not all, criminal convictions will lead Lakeside Presbyterian Church to put parameters in place on my ability to volunteer.

The information contained in this application is correct to the best of my knowledge. I hereby authorize Lakeside Presbyterian Church 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 volunteer purposes. I understand that the scope of the consumer report/investigative consumer report may include: verification of social security number; current and previous residences, employment history, 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 Lakeside Presbyterian Church 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.

Lakeside Presbyterian Church and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information, including, but not limited to addresses, social security numbers and dates of birth.

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