



STAFF/VOLUNTEER SERVICE INFORMATION FORM



SECTION I PERSONAL INFORMATION

Name _____ Email _____

Address _____ City _____ State _____ ZIP _____

Cell Phone _____ Home Phone _____ Work Phone _____

Church Membership _____

Marital Status: Married Single Divorced Name of Spouse _____

Volunteer position(s) interested in: Little Lamb Eager Beavers Adventurers Pathfinders

Previous residence(s) for last 10 years (list dates at each address):

Dates: _____ Address _____ City _____ State _____ ZIP _____

Dates: _____ Address _____ City _____ State _____ ZIP _____

Dates: _____ Address _____ City _____ State _____ ZIP _____

Dates: _____ Address _____ City _____ State _____ ZIP _____

Children: Names and Birth Dates

Names _____ DOB _____

Names _____ DOB _____

Names _____ DOB _____

SECTION II HEALTH HISTORY

Do you have or have you had any injury/sickness that might limit your involvement in Youth activities? Yes No

If yes, how would it hinder? _____

SECTION III EDUCATIONAL/TRAINING INFORMATION

Highest level of formal education and area(s) study: _____

Certification(s)/license(s) held that may reflect on your skills and abilities in working with children or as a volunteer.

Church offices held or Special Ministry Training _____

SECTION IV PERSONAL REFERENCES

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

Name Address Phone

1. Pastor _____

2. Local Teacher _____

3. Other _____

SECTION V BACKGROUND

DOB _____ Driver's License# _____ State _____ Exp. Date _____

Car Insurance Yes No Willing to provide Transportation Yes 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 (VMI) form, 2) consent to a voluntary criminal record check, and 3) read & 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, please supply the date, place, type of conduct, disposition, and sentence, as 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 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 an 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 on the line above. Application cannot be accepted without a signature. Return this completed form to the Pathfinder/Adventurer Director.

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 conference.

Procedure

Copies of this Volunteer Information Form are available from www.nadventist.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 Conference Human Resource Services Office. The Applicant agrees to participate in any orientation programs conducted by the conference.

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 shall be updated annually. 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.





GUIDELINES FOR VOLUNTEERS



Because our society is filled with pain, problems, and litigation caused by improper conduct of adults working with children and youth, it is imperative that those working with children in the churches have meaningful guidelines for conduct-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. Here are some practical guidelines.

1. Never leave a child or group of children for whom you are responsible unattended. Provide adequate supervision at all times, no matter what.
2. ALWAYS have at least one other adult 18 or older with you when unattended. If you find yourself in a situation where you are the only adult present, UNDER NO CIRCUMSTANCES should you allow yourself to be alone with one child!
3. Always ask a person's permission before 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. Physical and Verbal attacks are inappropriate and should never be used as discipline. "Time out" or "sit-in-the-chair" may be helpful methods with children.
5. Children need to be touched appropriately. However, keep hugs brief and "shoulder-to-shoulder" or "side-to-side". Always keep your hands at (not below) the shoulder level. A caregiver kiss is to the forehead or cheek only---not elsewhere. For small children who like to sit on laps, encourage them to sit next to you.
6. When taking small children to the bathroom---take another adult along, or leave the door open.

Be aware of the signs and symptoms of abuse; be aware of the legal requirements in your locality for reporting child abuse. In nearly all places, a caregiver can be held legally responsible for failing to report suspected or actual child abuse.

Be a loving, kind, firm and always thoroughly professional as a caregiver. Working with children and youth at church is not only a privilege; it is also a deep responsibility that must be approached with utmost care. As a volunteer you are expected to participate in orientation and training programs conducted by the church or conference.

Adventist Risk Management and North American Division recommend the following rules for leaders. These serve as a protection to and to your ministry against charges of abuse.

- The volunteer screening rule. The volunteers must complete the screening process described on the Voluntary Ministry Information Form (available at www.nadadventist.org)
- The six-month rule. Do not recruit a volunteer who has been a church member for less than six months.
- The two-person rule. Have at least two adults present at all times.
- The glass window rule. If a door to a classroom does not have a glass in or around it, the door should be left open, so that the teacher is in full view.

I, the undersigned, have read the guidelines listed above and agree to abide by them. I will obtain a copy of this signed form and keep it for reference.

*APPLICANT'S SIGNATURE _____ DATE _____



CRIMINAL HISTORY INFORMATION



Please disclose all criminal offenses that may appear on your record. There is no time limit to the questions regarding your criminal record. Unless a time limit is specifically stated in a question, you must include information on ALL convictions, pleas, and alternative adjudications that have occurred during your lifetime. Records of offense by minors (under age 18) are not automatically sealed and should also be disclosed, except where non-disclosure is required under state law. If you are uncertain of the exact date or how a criminal offense was classified, state the approximate date, your understanding of the criminal classification, and note that you are unsure of any more specific information.

Have you ever pled guilty to any criminal offense (misdemeanor or felony) other than parking tickets? Yes No
Have you ever pled (no contest) to any criminal offense (misdemeanor or felony) other than parking tickets? Yes No
Have you ever been convicted of any criminal offense (misdemeanor or felony) other than parking tickets? Yes No
If you answered yes to any of the above questions, provide complete information on all criminal offense(s), date(s), location(s) (city and state) and disposition: (Use additional sheets if necessary)

	<u>Offense</u>	<u>Date</u>	<u>Location</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Have you EVER SERVED, or are you CURRENTLY SERVING, any of the following for any criminal offense? (Check all that apply)
Note This list of common dispositions is not a complete description of every possible name for alternative sentencing options. Therefore, if the alternative disposition you receive is not specifically listed below, you MUST disclose it by checking the last option and describing the program. Failure to disclose any type of alternative disposition will violate Conference policies and result in withdrawal of your conditional volunteer service offer and your ineligibility for volunteer service.

- | | | |
|-----------------------------|----------------------------|-----------------------------------|
| pretrial diversion | community-based punishment | shock/challenge incarceration |
| probation (any type) | deferred adjudication | suspended sentence |
| restorative justice program | unconditional discharge | pretrial intervention |
| postponed judgment | conditional discharge | deferral/diversion of prosecution |

Any other type of alternative, deferred, suspended postponed or conditional prosecution, adjudication, disposition, sentence, program, or release (describe type): _____

If you checked any of the above, provide complete information on the criminal offense, city/county and state, status of alternative disposition program and date of completion: (Use additional sheet if necessary) _____

Conviction of a crime is not an automatic bar to consideration for volunteer service, except where Nevada or federal law prohibits volunteer services for specific criminal acts. Factors such as the date of the offense, the time period between the offense and the present, the nature and seriousness of the offense, and rehabilitation will be considered by the Conference. However, providing false, incomplete, or misleading information on this form will result in rejection or termination of your volunteer service, whenever discovered.

Acknowledgement

I acknowledge that I have read and understand this background information form and verify that the data I have provided is true, correct and complete and contains no omissions. I understand that this information will be used by the Nevada Utah Conference of Seventh-Day Adventists to conduct a background check on me, including a criminal record check. I understand that false, incorrect, misleading, or incomplete information on this form will result in withdrawal of my conditional job offer for volunteer service and termination of my criminal history record under the Fair Credit Reporting Act, I will be provided with a separate notification and authorization for that consumer report.

VOLUNTEER'S SIGNATURE _____ DATE _____

Printed Name of Volunteer _____



VOLUNTEER DRIVER QUESTIONNAIRE



Name _____ Age _____

Driver's License # _____ State _____ Expiration Date _____

Address _____ City _____ State _____ Zip _____

Do you have a current auto insurance policy? Yes No

Carrier _____ Expiration Date _____

Limit of Liability \$ _____ (Minimum \$100,000/300,000 required)

Medical/PIP Limit \$ _____

Have you been involved in any at fault accidents within the last three years? Yes No If yes, describe below:

Have you been cited for any moving violations within the last three years? Yes No If yes, describe below:

I understand that should I be involved in an accident while driving for the Pathfinder/Adventurer Club, my insurance will be primary.

Further, I agree not to carry more passengers than the official rated load capacity for my vehicle. All vehicle occupants will be required to wear seat belts and no double belting will be allowed.

Driver's Signature _____ Date _____

Paradise SDA Pathfinder/Adventurer Club