

St. John's United Church of Christ

Volunteer/Staff Information FORM:

Date of application: _____

Personal Information

Full Name: _____

Last
First
M.I.

Address: _____

Street Address
Apartment/Unit #

City
State
Zip Code

Home Phone: () _____ Alternate Phone: () _____

Date of Birth: / / Email Address: _____

In what ways are you interested in serving as a volunteer? Church Nursery, Sunday School, Camp, VBS, mentor, youth events, music program, Nursery School _____ (list others that apply)

** (IF 18 OR OLDER): Are you willing to drive for youth events? Yes OR No Do you have liability insurance? Yes OR No

If driving a bus, do you have a "P" endorsement? Yes OR No

Do you want considered for renewal in 5 years when this certification expires? Yes OR No

Emergency Contact Information

Full Name: _____

Last
First
M.I.

Address: _____

Street Address
Apartment/Unit #

City
State
Zip Code

Primary Phone: () _____ Alternate Phone: () _____

Relationship: _____

For Office Use Only

	Date Received	Reviewed By:	Record Clear
Completed Volunteer Information Form			
Authorized for Conducting Background Checks			
PA Child Abuse History Clearance			Yes ___ No ___
PA Criminal Record Check			Yes ___ No ___
F.B.I. fingerprint Federal Criminal History Record			Yes ___ No ___
Attestation of Residency Waiver			Yes ___ No ___
Mandating Report Training Certificate			Yes ___ No ___
Search of Sex Offender Registry performed: www.nsopr.gov			Yes ___ No ___
** <i>Driver's License must bear "P" endorsement if driving a bus.</i>			Yes ___ No ___

Card Issue Date _____

Expires: _____

"Not Clear" report(s) discussed with a Pastor Authorization to serve re children, youth, or vulnerable adult * GRANTED _____ DENIED _____ by Pastor	Date _____ _____	Confirmed by _____ _____ <i>Pastor's Signature</i>
* Line to be completed by a Pastor only if "adverse information" is received		

Date **Confirmed by**
 _____ _____

Applicant provided with documentation of authorization or denial

Disclosure: This section for Applicants under 18 years of Age

I have been a member of this church since _____

OR

I have been a friend of this church since _____

I attest that the information set forth in this application is true and complete to the best of my knowledge.

_____ (Print Name)	_____ (Signature)	_____ Date
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I/We, _____, the parent(s) or guardian (s) of _____
 know of no reason why my/our child should not be entrusted with the responsibilities of this position.

I understand that when my child turns 18, I am authorizing full background checks of PA Child Abuse, PA Criminal and Sex Offender Registry on her or her.

_____ (Parent/ Guardian Signature)	_____ Date
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