

Birth day_____

Drivers License #_____

Marital Status: () Single () Married () Widowed () Divorced () Separated

Current Church Attending _____ How Long_____

Employer (if student - school and year)_____

In case of emergency notify _____
Name Phone

Relationship to you_____

Spouses Name:_____

Occupation:_____ Employer_____

Names and Age of Dependents:

Do you have any physical handicaps or conditions preventing you from performing certain types of activities relating to children or youth work? (Y/N)_____

If yes, please explain:

Have you ever been convicted of a felony or misdemeanor, other than a minor traffic violation? (Y/N)_____

If yes, please briefly list/explain_____

Would you be willing to meet confidentially with a senior staff member to clarify any convictions? (Y/N)_____

List any moving violations within the last 5 years_____

Statement of Faith

Please provide a brief summary of your spiritual journey. If you have come to a place of personal faith in Jesus Christ, briefly tell us about it:

Briefly describe how you are currently growing in your knowledge and love of God:

Ministry or Personal References

List three references. Your references should not be family members or friends, but people with who have supervised your volunteer work in other churches or organizations. If this is your first volunteer position, then you may list work supervisors; if you do not work then you may list friends.

All information obtained by your references will remain confidential.

Reference # 1

Name _____ Years Known _____

Organization _____ Title _____

Address _____

Phone _____ email: _____

Relationship to applicant: _____

For Official Use:

Date Reference # 1 Verified: _____

Comments:

Person verifying reference: Print Name: _____

Signature: _____

Reference #2

Name _____ **Years Known** _____

Organization _____ **Title** _____

Address _____

Phone _____

Relationship to Applicant _____

For Official Use:

Date Reference # 2 Verified: _____

Comments:

Person verifying reference: Print Name: _____

Signature: _____

Reference # 3

Name _____ Years Known _____

Organization _____ Title _____

Address _____

Phone _____

Relationship to applicant: _____

For Official Use:

Date Reference # 3 Verified: _____

Comments:

Person verifying reference: Print Name: _____

Signature: _____

Volunteer Questionnaire:

What church do you attend regularly?

Phone number and contact information for pastor, elder, deacon familiar with you.

How long have you attended?

Please list the church you attended last if you are not currently attending.

Phone number:

What is your motivation or purpose in desiring a ministry with children?

What do you feel is your greatest asset in working with children?

What do you feel is your greatest asset in working in other areas?

What would you say are your spiritual gifts?

List previous training in children's ministry:

- 1.
- 2.
- 3.

If you have worked in children's ministry what did you most enjoy? What did you least enjoy?

Please take your time and answer the following questions carefully and fully. Attach additional comments to the back of this application. Items marked with an asterisk indicate a "yes" response requires a report to law enforcement.

1. Have you ever been denied a position working in children's ministry? If so, please explain.

2. Have you ever been asked, for any reason, to step down from a position of church leadership? Please discuss.

3. If you have children, relatives with children, or have worked with children, how would they describe you? What would they tell us they like and dislike about you?

4. If married, with or without children, how would your wife describe you?

5. Have you ever been accused, even if the event was not reported to law enforcement, by a child, friend, or previous volunteer or paid position of physically or sexually abusing a child under the age of eighteen? If so, please explain.

6. ** Are you currently, or have you ever sexually abused someone under the age of eighteen?

7. ** Are you currently physically abusing a person under the age of eighteen?

8. Have you ever been arrested for physical or sexual abuse?

9. Have you ever been convicted of physical or sexual abuse?

10. Have you been accused, whether or not a report has been made, in physically abusing your spouse?

11. Have you ever been arrested for domestic violence? If so, please explain the situation and legal outcome.

12. Are you currently a victim of domestic violence? If yes, please explain:

13. Do you or anyone else in your home currently struggle with illegal or prescribed drug misuse or abuse? If yes, please explain.

12. Do you or anyone else in your home struggle with alcohol misuse or abuse?

13. Has anyone ever voiced concerns over your consumption of drugs and or alcohol? Please explain:

14. Has physical or sexual abuse been part of your personal story? If so, briefly explain (a) how you see the abuse as having impacted your life (b) how have you responded to the abuse (c) describe the healing that has occurred, (d) what areas do you continue to struggle as a result of your abuse, and (e) Have you sought lay or professional help?

15. If you are married, would your spouse support your desire to work in children's ministry? Why or why not?

16. If you are not married, would your closest friends or family members with children support your desire to work in children's ministry? Why or why not?

17. Has your driver's license ever been suspended or revoked? If yes, when and please explain.

18. Other than the above matters, are there any other facts or circumstances involving you or your background that would call into question your being entrusted with the supervision, guidance or care of children? If yes, please explain.

Please read the following statement carefully before signing: I, the undersigned, understand that the information I have provided will be verified. I hereby release and agree to hold harmless from liability any person or organization that provided information concerning me to Neighborhood Ministries, Inc. I understand that all information gathered will be kept confidential.

Neighborhood Ministries maintains a smoke-free environment; prohibiting smoking in any of its buildings and, in accordance with state law, within 20' of any entrance, window or ventilation system for its buildings. Neighborhood Ministries also asks its volunteers to refrain from smoking at any of its programs or events involving minors.

Neighborhood Ministries is committed to an environment free of inappropriate harassment by or of its volunteers; including sexual harassment and harassment because of race, color, gender, national origin, ancestry, religion, creed, physical or mental disability, medical condition, marital status, sexual orientation, age or any other basis protected by federal, state or local law.

Volunteering at Neighborhood Ministries is AT WILL. The volunteer relationship may be terminated for any or no reason, with or without cause or notice, at any time by you or Neighborhood Ministries.

I understand that my volunteer time with Neighborhood Ministries may be used to meet various grant requirements for Neighborhood Ministries, (non-federal share, in-kind donations, volunteer time requirements, ect.).

Should my application be accepted, I agree to be bound by the Policies, By-Laws and Doctrinal Statement of Neighborhood Ministries. I further state that I have carefully read the foregoing release and know the contents thereof and I sign this release as my own free act. This is a legally binding agreement which I have read and understand. In signing this application I affirm that the information I have given is true and correct. I agree to be bound by the Bylaws and Policies of Neighborhood Ministries and to strive to honor God through scripture-based teaching and conduct in the performance of any services on behalf of the Ministry.

Printed Legal Name _____ Signature _____

Printed Name of Witness _____ Signature _____

Background Checks

I, hereby authorize representatives of Neighborhood Ministries to conduct state and federal background checks.

Printed Name

Signature _____

For Applicants Under 18 Years Old

I, _____ (parent or legal guardian) grant permission for my son/daughter to be involved in the ministry to children at Neighborhood Ministries.

Printed name

Signature _____

Neighborhood Ministries'
BACKGROUND
Check Form

Thank you for participating with us in processes that will help us keep our children safe!

- 1. FULL NAME (please print neatly): _____
- 2. DATE OF BIRTH (please print neatly): _____
- 3. SOCIAL SECURITY NUMBER (please print neatly): _____
- 4. FORMER LAST NAME (before married, previous marriage, etc.): _____

A background check costs \$10. If you can afford to we are asking our volunteers to pay for their background checks (make checks payable to Neighborhood Ministries and on the memo line please write, "Background Check Fee.") If you would like a scholarship let us know below:

<input type="checkbox"/> I paid with cash (enclosed).	<input type="checkbox"/> I paid with a check (enclosed).	<input type="checkbox"/> I would like a scholarship.
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I hereby authorize representatives of Neighborhood Ministries to conduct state and federal background checks.

Signature: _____

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COMMUNITY VALUES COMMITMENT

I have read the Neighborhood Ministries, Inc. (NM) handbook and as a volunteer of NM, I will adhere to the following values that are important to the continuing effectiveness of this ministry:

Integrity

- We ask that you display honesty and integrity as a leader.
- Your job is important so we ask that you call if you cannot make it to an activity.

Your Influence

- We ask that you develop and maintain an active personal relationship with Jesus Christ. Kids will look up to you as an example and you cannot lead people beyond where you are yourself.

Work Attire

- We do not have a formal dress code but strive to be a gang-neutral zone and ask that you respect that and use your best judgment about appropriateness.

Developing Interpersonal Relationships

- As you grow more involved as a leader, you will get to know both male and female students. We ask that you be sensitive about how much time you spend with students of the opposite sex. It is easy for them to idealize you as a “Christ-like” person in their lives, so you can protect their hearts by directing serious or personal conversations to leaders of their same sex.

Feedback

- We are a learning ministry. Share your good ideas.
- We are a relational ministry. Share your concerns with the appropriate person—gossip is counterproductive.

Confidentiality

- It is important that kids can trust you with their personal information. Private information should be held in confidence and not openly discussed with other students or leaders. It is not uncommon for kids to share very serious and dangerous information about their lives. If you have any questions about the child’s safety, speak with your program lead to figure out how it should be dealt with.

Printed Name: _____

Signature: _____ Date: _____

After signing this sheet please turn it in to your workshop leader, ministry area leader or Chris Somers at the NM office.

Neighborhood Ministries, Inc.

Child Abuse Policy



Policy Statement: It is the policy of Neighborhood Ministries to provide a safe and secure environment for children free of child abuse by:

1. Conducting background checks on all paid staff and volunteers who participate with youth in weekly programs, summer camps, or have one on one responsibilities with children:

- All required personnel will complete a release form authorizing state and federal background checks.
- All required personnel will complete a ministry application interview, and reference check prior to working with children.
- All required personnel will be photographed as part of the application process.
- All required personnel will be required to complete background checks and be cleared prior to beginning responsibilities with children. Social security number and or finger print checks may be completed.
- A copy of required personnel driver's license will be kept on file.

2. Following State of Arizona legal requirements for reporting child abuse when abuse is suspected:

1. When abuse is suspected by a Neighborhood Ministries Staff or Volunteer:
 - Contact the supervisor or leader who is responsible for the staff or volunteer immediately.
 - Notify President or Executive Director if President is not available.
 - If the allegation is deemed to have merit by the person in charge; 1. The accused individual shall be immediately suspended from all children related ministry involvement until a complete investigation and decision has been made. 2. The police or Child Protective Services shall be notified within 48 hours as per state Law. The parents or legal guardians shall be notified.
2. When the abuse is suspected by a other than Neighborhood Ministries Staff or Volunteer:
 - Contact President or Executive Director if President is not available.
 - I cases where the child is believed to be at immediate risk, the police or child Protective Services shall be contacted by President or designee within 48 hours, as per State Law.
 - In cases where the child is not in immediate danger, President will determine an objective evaluation plan.
 - The program director will make a confidential written report with conclusions, actions take, and recommendations for follow-up action as appropriate.

3. Conducting annual review and training on child abuse and policies associated with child abuse.

I have read, agree and will comply with the Neighborhood Ministries policy on child abuse.

Printed name

Signature

Date

VOLUNTEER LIABILITY WAIVER & EMERGENCY RELEASE FORM

Organization/Church Name: _____

Individual's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

May we add you to our mailing list? (please circle one) YES NO

PHYSICAL LIMITATIONS/RESTRICTIONS: _____

MEDICATIONS: _____

ALLERGIES: _____

LIABILITY WAIVER: I hereby agree:

- To hold harmless and waive any and all claims or causes against Neighborhood Ministries, Inc. (NM).
- To use my personal insurance, or that provided by my organization (if here for a short-term project), as the primary provider in the event of accident or injury related to my work as a NM volunteer.
- To follow all rules, procedures and guidelines given to me by NM employees or agents.
- To grant NM full permission to use photographs and quotations or/and by our organization for promotional or other purposes.

◆ Signature of Volunteer: _____ Date: _____

EMERGENCY RELEASE FORM:

I understand that Neighborhood Ministries, Inc. (NM) and their volunteers will be held harmless for any accidents or injuries my child may sustain during his/her participation with NM. I understand that every effort will be made to contact me in case of an emergency. I authorize Neighborhood Ministries, Inc. to obtain medical assistance for my child should it be necessary.

If I cannot be reached, I hereby give Neighborhood Ministries, Inc. the permission to act in my behalf in seeking emergency treatment for my child. I give permission to those administering emergency treatment to do so. I absolve Neighborhood Ministries, Inc. from liability in acting on my behalf in this regard.

I understand that my child will not be accepted in the program unless a parent or legal guardian signs this form.

IF VOLUNTEER IS UNDER 18 YEARS OF AGE- GUARDIAN MUST SIGN BELOW:

I hereby give my child/legal dependent permission to volunteer with Neighborhood Ministries, Inc. and agree to uphold the above LIABILITY WAIVER statement and the EMERGENCY RELEASE FORM statement.

◆ Signature of Parent of Guardian _____ Date _____

Home Phone Number _____ Work Phone Number _____

After filling out and signing this sheet please turn it in to your workshop leader, ministry area leader or Chris Somers at the NM office.

Neighborhood Ministries, Inc.
VOLUNTEER Menu Response Card

Please fill out below what options you are interested and our staff will contact you asap.

I am interested in volunteering for _____ program
volunteering .

Please use this space for additional comments from questionnaire: