



Assemblies of God  
Northern California & Nevada District Council, Inc.  
6051 S Watt Ave  
Sacramento, California 95829

## **VOLUNTEER APPLICATION**

### **Background Screening For Those Working With Minors**

#### **CONFIDENTIAL INFORMATION**

This application contains information that is confidential and may be reviewed only by the Senior Pastor of a District Affiliated Church, Executive Officers of the Assemblies of God, Northern California & Nevada District Council, Inc., the board of directors, or persons or committees authorized by the board of directors having authority to make personnel decisions regarding volunteers and employees. Persons who review, duplicate, distribute, or disclose any portion of this document without authorization face one or more of the following consequences: (1) Possible criminal liability, (2) Possible civil liability, (3) Possible termination of employment, if an employee, (4) Possible dismissal from any official position with the District, if a volunteer.

***Instructions to Applicant: Please complete this form:***

(Please note that if the position you are applying for includes transporting minors, you may be asked to complete additional forms)

Name of Applicant \_\_\_\_\_

Ministry Department \_\_\_\_\_

Date \_\_\_\_\_

**FOR DISTRICT'S USE ONLY**

Date App Rcd: \_\_\_\_\_

Records Dept Rcd: \_\_\_\_\_

Application APPROVED

Rcd By: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Application DENIED

**PERSONAL INFORMATION**

**(Please Print)**

Applicant's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Classification: \_\_\_\_\_

Education: Circle all that apply: High School or GED; College: 1, 2, 3, 4; Graduate; Degree: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Can you receive calls at work?  Yes  No

Are you 18 years of age or older?  Yes  No [Parental or Guardian Consent required if less than 18]

Marital Status:  Single  Married  Widowed  Separated  Divorced  Remarried

Spouse's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Can calls be received at work?  Yes  No

Name(s) / Age(s) of dependents:  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any physical handicaps or conditions that would prevent you from performing certain types of activities as per the job description given to you?  Yes  No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Emergency contact person and phone number: \_\_\_\_\_

Do you have personal health and/or accident insurance  Yes  No

If no, please note by signing this application that you are agreeing to the following statement:

*"The applicant understands that the Assemblies of God, Northern California & Nevada District Council, Inc. provides liability coverage for most District-sponsored activities. This insurance is secondary to one's own insurance coverage which is agreed as being primary. In the event of injury to a non-insured participant and in the event of a claim against the insurance carrier for the District, the applicant agrees to cover the deductible rate costs required by the insurance carrier."*

**CHURCH ACTIVITY**

Current Church: \_\_\_\_\_

Pastor: \_\_\_\_\_

Are you a born-again Christian?  Yes  No When were you born-again? \_\_\_\_\_

Are you baptized in the Holy Spirit as evidenced by speaking in tongues? (Acts 2:4)  Yes  No

How long have you been attending this church? \_\_\_\_\_ Are you a member?  Yes  No

If you have been a member less than two years, please list the last church of which you were a member, including the address and phone number:

\_\_\_\_\_  
\_\_\_\_\_

Have you read and do you agree with the Assemblies of God fundamentals of faith?  Yes  No

List names and address of other churches you have attended regularly during the past five years, as well as the names of the pastors whose leadership you were under:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please explain your Christian experience briefly (use the back of this page if you need more room):

\_\_\_\_\_  
\_\_\_\_\_

Have you worked with minors before?  Yes  No If yes, for how long? \_\_\_\_\_

What experience have you had with the age group with which you wish to work?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all previous church work involving minors (identify church and type of work):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any gifts, callings, training, education, or other factors that have prepared you for working with minors: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL INFORMATION**

**Note:** Conviction of a crime and/or answering yes to any of the following questions may not necessarily disqualify you for from working with minors with this District. However, providing falsified information DOES automatically disqualify you for a position as a volunteer.

Do you have a current driver's license?  Yes  No

Has your driver's license ever been suspended or revoked?  Yes  No

Do you use tobacco?  Yes  No      Do you drink alcoholic beverages?  Yes  No

Do you use illegal substances of any kind?  Yes  No

Have you ever been arrested or convicted for the use or sale of drugs?  Yes  No

If yes to any of the above questions, please explain: \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been arrested for or convicted of child neglect or child abuse?  Yes  No

If yes, please explain: \_\_\_\_\_

Have you ever been criminally charged with, investigated for, or civilly sued for any of the following offenses: rape, sodomy, sexual abuse, sexual battery, contributing to the sexual delinquency of a minor, sexual misconduct, public indecency, or any other similar criminal (offense)?  Yes  No

If yes, please explain: \_\_\_\_\_

Date: \_\_\_\_\_ County and State: \_\_\_\_\_

Outcome: \_\_\_\_\_

Have you ever been arrested for or convicted for any other related offense?  Yes  No

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

Are you now, or have you ever been, treated by a psychologist or doctor, been hospitalized or received prescription drugs for any emotional or mental disorder?  Yes  No

If yes, please explain, giving date and treating physician(s):  
 \_\_\_\_\_  
 \_\_\_\_\_

Other than the above matters, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and child care of young people?  Yes  No

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REFERENCES**

List three (3) personal references. They must have the ability to assess your suitability for working with or around minors. Two (2) references must be members of your local church; one (1) reference should be from a current or past position in which you volunteered or worked with children or from someone who works with children on a regular basis. Please do not include relatives.

NAME OF REFERENCE & RELATIONSHIP TO YOU	ADDRESS	CITY	STATE	ZIP	PHONE/EMAIL

**EXPERIENCE WORKING WITH MINORS:** Please list up to three of your previous experiences where you worked with minors beginning with your current or most recent. [If you have less than three prior experiences, please list all that you have.]

If you have no prior experience, please state "none" here: \_\_\_\_\_

Church/Organization Name	Position
Address	Start Date/Ending Date (Month/Year)
Name of Supervisor (Contact), Title & Phone	
Reason for Leaving:	
Description of Duties: _____ _____	

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Reason for Leaving:	
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Address	Start Date/Ending Date (Month/Year)
Name of Supervisor (Contact), Title & Phone	
Reason for Leaving:	
Description of Duties: _____ _____	

**APPLICANT’S STATEMENT**

Please write a brief statement explaining why you are seeking a volunteer position with the District and describe why you want to work with minors and would make a good volunteer:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information they have regarding my character and fitness for working with minors and I release all such references from liability for any damage that may result from furnishing such evaluation to you.

Should my application be accepted, I agreed to be bound by the bylaws and policies of the Assemblies of God, Northern California and Nevada District Council, Inc., and to refrain from unscriptural conduct in the performance of my services on behalf of the church and/or District.

In signing this application, I affirm that the information I have given here is true and correct.

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Applicant's Name – Please Print

**PASTOR’S STATEMENT**

As the Senior Pastor I have reviewed the attached Volunteer Application, the references have been checked and the applicant has met with a reviewing committee and our church endorses and requests that this applicant be approved to attend District sponsored activities as a chaperone and volunteer representative of our church.

\_\_\_\_\_ Senior Pastors Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_