

Staff and Volunteer Application

| Name: | Email: | | |
|--|--|--|--|
| Address: | | | |
| | | | |
| | Telephone (cell): | | |
| Position Sought: | | | |
| Occupation: | | | |
| Place of Employment: | | | |
| Location of Employment: | | | |
| | | | |
| Member of Trinity Presbyterian Chur | rch since: | | |
| Previous Church Membership: (Please attended or been a member of for the past | e indicate every church that you have either regularly five years.) | | |
| (name of church) | (location) | | |
| (name of church) | (location) | | |
| Previous Volunteer Experience: (Pleatyouth.) | se list relevant experience working with children and | | |
| (name of position and organization) | (location) | | |
| (description of duties or activities) | | | |
| (name of position and organization) | (location) | | |
| (description of duties or activities) | | | |



References: (*Please list three persons who have known you for at least one year, not including relatives.*)

| (name of person providing reference) | (address, including city and state) (relation with applicant) | | |
|--------------------------------------|--|--|--|
| (telephone number) | | | |
| (name of person providing reference) | (address, including city and state) | | |
| (telephone number) | (relation with applicant) | | |
| (name of person providing reference) | (address, including city and state) | | |
| (telephone number) | (relation with applicant) | | |

Please answer the following questions:

- 1. Are you presently the subject of any investigation involving an allegation of physical or sexual abuse of a child? _____No ____Yes
- 2. Have you ever been convicted of physical or sexual abuse of a child? _____No ____Yes

If your response to either of the above questions is "Yes", please provide an explanation:



Applicant Release and Authorization to Obtain Information:

I, the undersigned, hereby affirm that the above statements are truthful and accurate to the best of my knowledge.

I authorize Trinity Presbyterian Church to contact any person or entity listed on this application form, and I further authorize any such person or entity to provide Trinity Presbyterian Church with information, opinions, and impressions relating to my background or qualifications.

I voluntarily release Trinity Presbyterian Church and any such person or entity listed on this application form from liability involving the communication of information relating to my background or qualifications.

In the interest of safely and security, I authorize Trinity Presbyterian Church through its independent contractor, LexisNexis, to procure background information (also known as an investigative consumer report) about me, prior to, and at anytime during my service to Trinity. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and the state sex offender records. (A photo static/fax/electronic copy of this document can be substituted for the original).

I am apprised that this application and any information obtained from a criminal background investigation or my references will be held in strictest confidence by the Child Protection Administrator. All administrative paperwork will be kept in locked storage.

I am aware that upon the discovery of any misrepresentation or failure to disclose information in this application, my involvement in church ministries may be terminated.

Should my application be accepted, I agree to comply with the guidelines established in Trinity's Child Protection Policy. Should I violate any of these guidelines, my involvement working in children's ministries may be terminated.

I have read carefully the foregoing release and understand the contents thereof.

Applicant's Signature: _____ Date: _____



Identifying Information Required for Investigative Consumer Report

The following information will not be retained by Trinity after its submission to LexisNexis.

| Name: | | | | | |
|--------------------------|-----------------|------------------|--------|-------------|--|
| First | | Middle | Last | | |
| | | | | | |
| Other Names Used (alias, | maiden) | | | | |
| | | | | | |
| Social Security: | | Date of Birth: | | Gender: M F | |
| | | | | Schuelt M I | |
| Current Address: | | | | | |
| | | Street/ P.O. Box | | | |
| City | State | Zip | County | | |
| Former Address: | | | | | |
| | | Street/ P.O. Box | | | |
| City | State | Zip | County | | |
| Driver's License #: | State of Issue: | | | | |