



## Application for Volunteer Service In Children and Youth,

Today's Date: \_\_\_\_\_

Dear Friend,

Thank you for considering volunteer service with Coastal Community Church. We rely on the ministry of volunteers to see the Kingdom of God impacted in Indian River County. Furthermore, it is our passion to create a safe, fun environment for our children to experience a relationship with God. Without volunteers we would find it very difficult to be effective or even function. This form helps us to make the best use of our volunteers. Thank you for taking the few minutes it takes to fill it out. If you have any questions regarding this form, please contact the church office for assistance.

Christa Goldsmith,  
Coastal Kidz Director

### Part 1 Personal Information

Name: \_\_\_\_\_  
First Middle Last

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

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

Home Phone:( ) \_\_\_\_\_ Day Time Phone:( ) \_\_\_\_\_

Birthdate (day and month only) \_\_\_\_\_

Describe your salvation experience: \_\_\_\_\_

Marital Status \_\_\_\_\_ Are you 18 years of age or older? Yes No

How long have you attended this church? \_\_\_\_years \_\_\_\_months

Do you regularly attend this church? Yes If "yes", how long years \_\_\_\_months\_\_\_\_ No

List names of other churches you have attended regularly \_\_\_\_\_

In what capacity do you desire to offer your services as a volunteer within our church? \_\_\_\_\_

List any training, gifts, or calling that have prepared you for the position you are seeking?

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List all previous work involving youth and children (if applicable). (list each organization's name and address, type of work performed, name of person in charge, and dates and include both volunteer and paid positions). If additional space is needed use back of page.

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Are you willing to attend training and planning meetings with regards to your new ministry?

Yes No

# Permission for Release of Information From Criminal Records

Please initial each item.

\_\_\_\_\_ I hereby give my permission for the release to *Coastal Community Church of Indian River Inc. P.O. Box 780918, Sebastian, FL 32978*, of information from law enforcement files concerning any past history of sex offenses or offenses against children with which I may have been charged or convicted.

\_\_\_\_\_ I understand that the information to be released will concern only charges and/or convictions of carnal knowledge of a child under 14 years of age, sexual battery, seduction of a child under the age of 18, touching a child for lustful purposes, disseminating sexually oriented material to children, exploitation of children, carnal knowledge of a stepchild, adopted child or a child of a cohabiting partner, or unnatural intercourse. No information will be released on any criminal record I may have which does not relate to these particular crimes.

\_\_\_\_\_ I understand that information will be released on any conviction, any pending charges, or any arrests if I have been arrested two or more times.

\_\_\_\_\_ I understand that Coastal Community Church has the right to require this record check as a condition of employment.

\_\_\_\_\_ I understand that I will be sent a copy of any information released from your files pursuant to this permission form and that I have the right to challenge the accuracy and completeness of this information.

\_\_\_\_\_ I understand that this information will be used only for employment purposes and will not be re-disseminated to other persons or used for any other purpose.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness to Signature \_\_\_\_\_ Date \_\_\_\_\_

# Personal References

## Personal references (not former employers or relatives)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

## Pastoral or Volunteer Organization Reference (Former Senior Pastor, Associate Pastor or

Ministerial or Volunteer Supervisor)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

## Applicant's Statement

The information contained in this application is correct and complete to the best of my knowledge. I authorize any references, or organizations; whether or not listed in this application to give you any information (including opinions) that they may have in regards to my character and fitness for volunteer service. In consideration of the receipt and evaluation of this application by Coastal Community Church of Indian River Inc. I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family on account of compliance or any attempts to comply with this authorization, excepting only the communication of knowingly false information. 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 release which I have read and understand. I understand that I may consult with an attorney before signing this document. A facsimile or photocopy of this authorization shall be as valid as the original. I further understand that a criminal records check may be conducted on me, and I consent to any such check.

I (check one of the following two options)  waive  do not waive any right that I may have to inspect any information provided about me by any person or organization described above. I have read and understand the above provisions, and agree to them.

Applicants Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Print Name \_\_\_\_\_