

VOLUNTEER FORM FOR POSITIONS WORKING WITH MINORS/ CARE RECEIVERS

The disturbing and traumatic occurrence of physical and sexual abuse of children has claimed the attention of our nation and society. The following policies reflect our commitment to provide protective care of all children, youth, developmentally disabled, care receivers, and the volunteers who participate in church sponsored activities.

- Anyone who has been convicted of either child sexual or physical abuse may not volunteer service in any church sponsored activity for children or youth.
- Survivors of childhood sexual or physical abuse need the love and acceptance of this church family. Individuals who have such a history must discuss their desire to work with children or youth with our Pastor prior to engaging in any volunteer service.
- Volunteers should observe the "two adult" rule. (See CLC SAFE Policies and Procedures.)
- Adult volunteers should immediately report any behaviors that seem abusive or inappropriate to their program coordinator or Pastor if serving on the Compassion team.

Complete this section if you will work with children, youth, developmentally disabled, or care receiver. This form is being used to help the church provide a safe and secure environment for all persons who participate in our programs and use our facilities.

1. Are you a member of Christ Lutheran Church? (Church Mutual will not cover non-members in the event of litigation)
2. How long have you attended CLC (years/months)?
3. Name and address of church where you are a member (if not CLC).
4. List areas of service in which you wish to serve:
5. Date you are available to begin service:
6. What is the minimum length of commitment you can make?
7. Please list any gifts you may have to share working with minors/care receivers:
8. What other experience do you have working with youth and/or care receivers?

9. Please provide two personal references who are well acquainted with you. Do not include relatives.

Please include complete addresses, telephone numbers, and e-mail address (if possible).

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10. Have you ever been arrested and/or convicted of, or pleaded guilty or no contest to a crime other than a minor traffic violation or are you now under charges for any criminal offense? (An arrest or conviction will not necessarily disqualify you from volunteering)

Yes/ No (If yes, please fully explain on a separate piece of paper)

11. Have you ever been convicted of a crime against a minor/care receiver as a person of trust?

Yes/No (if yes, please fully explain on a separate piece of paper)

12. Have you ever been a victim of sexual abuse or molestation?

Yes/ No (if you have answered yes, you will be required to speak to the Pastor for approval to work with minors/care receivers. Your response to this question will be kept fully confidential, and you may turn in this form directly to the Pastor to preserve confidentiality)

VOLUNTEER STATEMENT – READ CAREFULLY
(Initial each statement, indicating your assent/ understanding)

_____ I give permission to any references, person or organization, identified in this application, to give Christ Lutheran Church (“CLC”) any information (including opinions) regarding my character and fitness for volunteer service.

_____ I release any individuals, church, references, or any other person or organization, including record keepers, both collectively and individually, and whether or not identified in this application, from any liability for damages of whatever nature which may at any time result to me, my heirs, or family in account of compliance or any attempts to comply with this authorization, excepting only the communication of knowingly false information.

_____ 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 have read the CLC SAFE Policy and Procedures.

_____ I agree to be bound by the Bylaws and Policies of CLC, including the SAFE Policy and Procedures, in the performance of my services on behalf of the church.

_____ I understand that a sexual relationship with a minor/care receiver can lead to a felony conviction and imprisonment. I also know that the church insurance policy may not provide legal defense in a sexual misconduct charge or pay any portion of a jury verdict assessed against me on account of such conduct.

I state that I 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. I recognize that CLC is relying on the accuracy of the information I provide on this application form. Accordingly, I attest and affirm that the information I have provided is absolutely true and correct.

Signature: _____ Date: _____

Print Name: _____