

VOLUNTEERS WITH CHILDREN AND YOUTH GROUPS:
INFORMATION FORM

As a volunteer nursery worker, please complete the following form which will assist our church's nursery care program in providing quality child care.

Names: _____

Maiden Name: _____

Address: _____

Phone: (H) _____ (W) _____

Spouse: Name: _____

Address (if different) _____

Phone: _____

Closest Relative: Name: _____

Address: _____

Phone: _____

Last Previous Residence:

Address: _____

How long have you been attending this church? _____

How long have you been a member of this church? _____

Previous church affiliation (name, city). _____

Family physician: _____

Name: _____

Address: _____

Phone: _____

Last Two Previous Residences:

1. Dates of Residence _____

Address: _____

City

County

State

Menges, McLaughlin, & Kalasnik, P.C.

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2. Date of Residence _____

Address: _____

City County State

How long have you been attending this church? _____

How long have you been a member of this church? _____

Previous church affiliation (name, city). _____

Have you ever been worked in a public or private school context? ___ Yes ___ No
If "yes" please note below where and when.

Where	Employee or Volunteer	Dates
_____	_____	_____

(Add additional pages if necessary.)

Were you involved as a youth in any church or other youth groups (e.g. scouts, YWAM, Acteens, etc.) If so, note the groups and ages of your participation.

Have you raised school children in your home (your own or others?)
_____ Yes _____ No

Have you been a volunteer in a church youth or children's ministries before?
_____ Yes _____ No If yes, note where and when.

Please note any formal education you have received in youth work or ministry.

Note any certificates or licenses you have which may reflect on your skills and abilities in working with youth?

Have you ever been charged with or convicted of child abuse or child neglect?

Yes No

Have you been a victim of child abuse or neglect?

Yes No

Have you ever been denied legal custody of your children in any legal proceeding, including divorce decrees or settlements?

Yes No Is so, please explain circumstances.

Have you ever been convicted of a felony? If so, note offense, date and sentence.

What special skills or gifts do you have which will help you be an effective youth volunteer?

Which of the following are areas of special interest and ability?

- Leading youth Bible studies
- Leading youth recreational activities
- Overnight camping-type activities
- Back-yard Bible clubs
- Community service activities
- General supervision – chaperone
- Canoeing
- Hiking – backpacking
- Biking
- Work projects
- Overnight lock-ins
- Leading discussion groups
- Mountain climbing
- Missions education
- Sunday School teaching

Note any special training experience:

First Aid _____

Assisting children with handicaps _____

Other _____

What health factors may affect your ability to function as a volunteer, or impact the children? (e.g. communicable diseases, limitations on your physical abilities.)

Provide the following information on your medical insurance and physician.

Current medical insurer: _____

Policy Number: _____

Family physician: _____

Name: _____

Address: _____

Phone: _____

Have you read the church's policy statements regarding nursery workers, and do you agree to abide by these guidelines?

_____ Yes _____ No

Sign above

Date