Adult Volunteer Application

Contact Information

Name

Primary Phone Number

Primary Email Address

Check this box if you do not have an email address. □

Your Church (City, Congregation Name)

Volunteer Information

Ages/Groups

What youth age groups or programs are you interested in volunteering with? Check all that apply.

☐ Younger Children Grades 2-3
☐ Older Children Grades 4-6
☐ Younger Youth Grades 7-9
☐ Older Youth Grades 10-12
☐ Regional Youth Council Adult Sponsor
☐ Outdoor Ministries Team

Skills and Interests

What special skills/interests do you have that might be relevant to youth/camp/outdoor programs (examples: bible study, music, sports, crafts, hiking, etc.)?

________________________________________________________

________________________________________________________

________________________________________________________

Background Check and Covenant

Have you ever been disciplined for, charged with, or convicted of an act of sexual misconduct or child sexual abuse?

☐ No  ☐ Yes

Have you ever been convicted of a felony?

☐ No  ☐ Yes
BACKGROUND CHECK AUTHORIZATION

The Christian Church (Disciples of Christ) in the Northern Lights Region conducts background checks through the Praesidium company. The necessary forms for that service are found on pages 3 & 4 in this packet. If you prefer not to provide your identifying information in writing for processing, please contact the Northern Lights Region office manager to begin the background check by phone (253) 893-7202 ext. 1. If you begin the background check by phone with the office manager, you will still need to complete at least page 4 and return it to the Regional Office by mail or email to complete the background check process.

Per this region’s Youth and Children’s Safety Policy, all persons participating in NLR events for youth or with youth, must agree to a background check.

COVENANT

This submitted application also affirms the following Covenant:

I desire to serve as a volunteer working with youth for the Northern Lights Region. I understand that personal references may be contacted to confirm my character and abilities as appropriate for leadership at the events I participate in. I promise to cooperate with other volunteers, counselors, directors, and staff and to uphold all standards set forth by the Region and the event leadership. With God’s help, I will seek in every way to provide an experience on the highest Christian level for all who attend the event which I serve. I will participate in all training opportunities planned for the event and at all times will conduct myself as the Christian example I am called to be.

I understand this application is good for three years from the date this form is submitted and will need to be completed again at its expiration.

Signature ____________________________ Date ____________________

References

Two References are necessary for a complete application.

- One reference must be your pastor. In the case of clergy applying the Regional Minister must be your pastoral reference. For those congregations without a called pastor the Moderator/Chairperson of the church board or Youth Group Leader may be substituted.
- In addition to one reference from a minister, select one person familiar with your character as it relates to working with children or youth.
- Do not include a relative or significant other; the two references should not be related to one another.

YOU ARE RESPONSIBLE FOR YOUR REFERENCES RETURNING THEIR FORMS TO THE REGIONAL OFFICE.

Included in this packet are two blank forms for your references to complete and return to the Regional Office. Alternatively, your references may use the online form found at https://northernlightsdisciples.org/adult-volunteer-reference-form/
DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Christian Church (Disciples of Christ) in the Northern Lights Region ("the Company") may obtain information about you from a consumer reporting agency for purposes of employment, volunteer positions, work performed under contract, retention, or reassignment (hereafter known as your "engagement"). Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends or associates. These reports may contain information regarding your criminal history, credit history, motor vehicle records ("driving records"), verification of your education or employment history or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Praesidium, 2225 E. Randol Mill Rd., Suite 630, Arlington, TX, 76001, 800-743-6354, or another outside organization. You should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

Signature: ___________________________________________ Date: ______________________

Print Name: ___________________________________________
The Northern Lights Region does not utilize credit checks when requesting background checks.

State of Washington applicants and employees only: You have the right to receive a complete and accurate disclosure of the nature and scope of any investigative consumer report as well as a written summary of your rights and remedies under Washington law. The Northern Lights Region does not utilize credit checks when requesting background checks.

Massachusetts and New Jersey applicants and employees only: You have the right to inspect and promptly receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.

New York applicants and employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Minnesota applicants and employees only: You have the right, upon written request to Agency, to receive a complete and accurate disclosure of the nature and scope of any consumer report. Agency must make this disclosure within five days of receipt of your request or of Company’s request for the report, whichever is later. Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

Oklahoma applicants and employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants and employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Signature: ____________________________ Date: ____________________________

Print Name: ____________________________________________________________
First ____________________________ Middle ____________________________ Last

Maiden Name (if applicable): _____________________________________________

Address: _______________________________________________________________
Street ____________________________ City ____________________________ State ______ Zip

Social Security Number: ____________________________ * Date of Birth: ____________________________ *
*This information will be used for background screening purposes only.

Driver’s License Number: ____________________________ DL State: _____________
Gender: ____________________________

Telephone Number: ____________________________

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Background Check Consent Form
Gen Consent 09202016
Adult Volunteer Reference Form

Please complete this form and mail or email it to the address above.

Reference Contact Info

Your Name

Primary Phone Number

Primary Email Address

Check this box if you do not have an email address.

Your Mailing Address

Street

City

State

Zip

Applicant Details

You are completing this reference on behalf of:

How long have you known the applicant?

In what capacity have you known the applicant?

Do you believe the applicant works well with others?

Yes ☐ No ☐

Please rate the applicant in the following areas:

Personal Habits

- Excellent
- Good
- Average
- Poor
- Don't Know

Character

- Excellent
- Good
- Average
- Poor
- Don't Know

Morals

- Excellent
- Good
- Average
- Poor
- Don't Know

Compassion

- Excellent
- Good
- Average
- Poor
- Don't Know

Responsibility to Commitments

- Excellent
- Good
- Average
- Poor
- Don't Know

Christian Maturity

- Excellent
- Good
- Average
- Poor
- Don't Know

Receives/Handles Criticism

- Excellent
- Good
- Average
- Poor
- Don't Know

Can you, without hesitation, recommend this applicant to be an adult volunteer (adult sponsor, camp counselor, camp director, etc)?

Yes ☐ No ☐

You may choose to use the online form found at https://northernlightsdisciples.org/adult-volunteer-reference-form/
Is there any reason why you would NOT recommend this applicant to work with children or youth?

____________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________

Reference Signature
With my signature below, I confirm that the information above is accurate in my experience with the applicant named.

Signature __________________________________________ Date __________________________
Adult Volunteer Reference Form

Please complete this form and mail or email it to the address above.

Reference Contact Info

Your Name________________________________________

Primary Phone Number_____________________________________

Primary Email Address_____________________________________

Check this box if you do not have an email address. □

Your Mailing Address

Street_____________________________________

City________________________________ State____ Zip_________

Applicant Details

You are completing this reference on behalf of:

How long have you known the applicant?_____________________________________

In what capacity have you known the applicant?_____________________________________

Do you believe the applicant works well with others?

□ Yes □ No

Please rate the applicant in the following areas:

Personal Habits

□ Excellent □ Good □ Average □ Poor □ Don't Know

Character

□ Excellent □ Good □ Average □ Poor □ Don't Know

Morals

□ Excellent □ Good □ Average □ Poor □ Don't Know

Compassion

□ Excellent □ Good □ Average □ Poor □ Don't Know

Responsibility to Commitments

□ Excellent □ Good □ Average □ Poor □ Don't Know

Christian Maturity

□ Excellent □ Good □ Average □ Poor □ Don't Know

Receives/Handles Criticism

□ Excellent □ Good □ Average □ Poor □ Don't Know

Can you, without hesitation, recommend this applicant to be an adult volunteer (adult sponsor, camp counselor, camp director, etc)?

□ Yes □ No

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Is there any reason why you would NOT recommend this applicant to work with children or youth?

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Reference Signature
With my signature below, I confirm that the information above is accurate in my experience with the applicant named.

Signature ___________________________________________ Date __________________________