



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.

- | | |
|---|--|
| <input type="checkbox"/> Younger Children Grades 2-3 | <input type="checkbox"/> Older Children Grades 4-6 |
| <input type="checkbox"/> Younger Youth Grades 7-9 | <input type="checkbox"/> Older Youth Grades 10-12 |
| <input type="checkbox"/> Regional Youth Council Adult Sponsor | <input type="checkbox"/> 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, 76011, 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: _____

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by **the Company** at any time after receipt of this authorization and throughout my engagement, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, insurance company, or other party to furnish any and all background information requested by Praesidium, 2225 E. Randol Mill Rd., Suite 630, Arlington, TX, 76011, 800-743-6354, **the Company** itself, and/or a related third-party entity only if I am being considered for a direct or temporary engagement with or by them. I agree that a facsimile ("fax") or electronic or photographic copy of this Authorization shall be as valid as the original.

<u>State of Washington applicants and employees only:</u> 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. <i>The Northern Lights Region does not utilize credit checks when requesting background checks.</i>
<u>Massachusetts and New Jersey applicants and employees only:</u> 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.
<u>New York applicants and employees only:</u> 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.
<u>Minnesota applicants and employees only:</u> 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. <input type="checkbox"/>
<u>Oklahoma applicants and employees only:</u> Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. <input type="checkbox"/>
<u>California applicants and employees only:</u> 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. <input type="checkbox"/>

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: _____



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

Adult Volunteer Reference Form page 1 of 2

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 _____

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