

Date: \_\_\_\_\_

Valid Until: \_\_\_\_\_

**VOLUNTEER SERVICE FORM**  
**FIRST EVANGELICAL LUTHERAN CHURCH**  
803 Third Avenue  
Longmont, CO 80501

**PERSONAL INFORMATION**

All volunteers are asked to complete this form. **Please print.**

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

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

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

Phone: \_\_\_\_\_(home) \_\_\_\_\_(work) \_\_\_\_\_(cell)

Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Giving your SS# allows a more thorough search and report. Upon receipt of the background check , the number will be removed (using white out).

Are you a member of this church? \_\_\_\_\_ If no, please indicate:

How long you have been attending (approximately): \_\_\_\_\_ years/months

Name & address of church where you are a member: \_\_\_\_\_

(FELC insurance will not protect nonmembers in the event of litigation.)

List areas of service in which you wish to serve. (Refer to *Ministry Opportunities Inventory*.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The date you are available to begin service: \_\_\_\_\_

The minimum length of commitment you can make: \_\_\_\_\_

Please provide two personal references within FELC who are well acquainted with you and one reference who is not a member of FELC. Do not list relatives. **PLEASE INCLUDE COMPLETE ADDRESSES AND TELEPHONE NUMBERS.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**VOLUNTEER STATEMENT – READ CAREFULLY**

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Initial \_\_\_\_\_

I give permission to any references, person or organization, whether identified in this application or not, to give FELC any information (including opinions) regarding my character and fitness for volunteer service.

I release any individuals, church, reference, 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, on 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 understand that a criminal records check may be conducted on me, and I consent to any such check.

I waive any right I may have to inspect any information provided about me by any person or organization described above.

\_\_\_\_\_ Yes                      \_\_\_\_\_ No (*check one*)

Should my application be accepted, I agree to be bound by the Bylaws and Policies of FELC in the performance of my services on behalf of the church.

I have received a copy of the Policy on Sexual Misconduct of First Evangelical Lutheran Church and agree to abide by the policies and practices contained therein.

I understand that a sexual relationship with a minor 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 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 agreement which I have read and understand. I recognize that First Evangelical Lutheran Church (FELC) 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.**

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

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

**SUPPLEMENTAL VOLUNTEER FORM**

*Complete this section if you will work with children, youth, the developmentally disabled, or senior citizens, or you will serve in a situation where one-on-one contact may be necessary. 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.*

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 If yes, explain fully on an additional sheet.

\_\_\_\_\_ No

What other children/youth work experience do you have? (Please list)

Organization	Program	Dates	Contact & Phone

List any gifts, callings, training, education, or other factors that have prepared you for work with children, youth, seniors, or the developmentally disabled:

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*The disturbing and traumatic rise 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, seniors, and the developmentally disabled and the volunteers who participate in church sponsored activities.*

1. Anyone who has been convicted of either child sexual or physical abuse should not volunteer service in any church sponsored activity or program for children or youth.
2. Survivors of childhood sexual or physical abuse need the love and acceptance of this church family. Individuals who have such a history should discuss their desire to work with children or youth with one of our professional staff prior to engaging in any volunteer service.
3. Volunteers should observe the “two adult” rule. (See Policies & Procedures, page 9)
4. Adult volunteers should immediately report any behaviors that seem abusive or inappropriate to their supervisor.

**Please answer each question. Your response will be kept fully confidential.**

1. As a church volunteer, do you agree to the above church policies regarding working with youth or children, seniors, or developmentally disabled?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

*You may prefer to answer the following question in confidence with one of our professional staff rather than answering it on this form. One of our pastors will be available to speak with you. Answering yes, or leaving the following question unanswered, will not automatically disqualify you as an applicant for work with children or youth.*

2. Were you a victim of abuse or molestation?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

**I have read the above policy and agree to observe the safeguards listed.**

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

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