

CONFIDENTIAL Volunteer Application for Minor (Ages 9-17)

SOUTHEAST
CHRISTIAN

PLEASE PRINT ALL INFORMATION AND FILL OUT ALL INFORMATION REQUESTED. BE SURE TO COMPLETE AND SIGN PAGE 2 OF THE APPLICATION.

Your Ministry of interest: _____ Campus: Blankenbaker IN CW SW LA ET

When working in your Ministry of interest, are there any physical limitations or other conditions that would prevent you from performing certain types of activities?

Yes No

If yes, please explain: _____

> Personal Information

Name of Minor Applicant: _____ Maiden/Other Names: _____
Last First Middle Name

Sex: M F Date of Birth _____ / _____ / _____ SSN# _____ - _____ - _____
Month Day Year

Current Mailing Address: _____
Street (do not use a PO Box) City State Zip

Previous Mailing Address: _____
Street (do not use a PO Box) City State Zip

Have you ever lived outside of Kentucky or Indiana? Yes No If so, when: _____ and what state _____

Phone Numbers: Home: _____ Cell: _____

Email Address: _____

Name of Parent or Guardian: _____ Parent's Email: _____

Parent's Phone Numbers: Home: _____ Cell: _____

> Church History

How long have you attended services at Southeast? * _____ Are you a member? Yes No

What are you participating in at Southeast? _____

If not attending Southeast, what church do you attend? _____

**Our policies require that anyone who wishes to volunteer with minors or disabled adults must have verifiable participation of at least six months or more at Southeast Christian Church (i.e., Small Group Bible Study or Weekend Group).*

> References PLEASE PROVIDE THREE (3) CHARACTER REFERENCES THAT MEET ALL OF THE FOLLOWING:

- Has personally known the applicant at least FIVE (5) YEARS
- Is 18 years of age or older
- Is not a relative or a Southeast Christian Church employee (except for the SCC Youth Leader reference below)
- Does not reside at the same address as any of the other references

1. Name: _____ Relationship/Years known: _____

Address: _____
Street City State Zip

Email address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

2. Name: _____ Relationship/Years known: _____

Address: _____
Street City State Zip

Email address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

3. Name: _____ Relationship/Years known: _____

Address: _____
Street City State Zip

Email address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

**FOR AGES 13-17, PLEASE COMPLETE THE ADDITIONAL REFERENCE
FROM A SOUTHEAST CHRISTIAN CHURCH YOUTH LEADER**

Name of SCC Youth Leader: _____

Address: _____
Street City State Zip

Email address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

> Personal Background

1. Have you ever participated in, or been accused of, convicted of, or plead guilty or no contest to abuse or any sexual misconduct, molestation, or any other sexual or assaultive crime?
 Yes No
2. Have you ever been counseled for any of the situations described in item one (1) above?
 Yes No
3. Are you aware of any traits or tendencies that you possess that could pose any threat to children, youth, or adults with disabilities?
 Yes No
4. Would you like a staff member to call you to discuss your answers regarding the above questions?
 Yes No

NOTE: If you marked yes to question 1, you will need to talk to the Director of Security in order to be cleared to work with children at Southeast Christian Church.

> Applicant's Statement

The information contained in this application is complete and correct. Also, I confirm that my child has completed this application and wishes to volunteer and my child believes this application is complete and correct. We, the undersigned, give our authorization to Southeast Christian Church or its representatives to release any and all records and information relating to working within my child's chosen ministry of the church.

The church may also contact my child's references. My child and I authorize any references listed to give you any information they may have regarding my character and fitness for work within the church. On my behalf and on behalf of my child, I release all such references from liability from any damage that may result from such evaluations to you and I waive any right to inspect these references.

On behalf of my child, I, the parent or guardian, authorize Southeast Christian Church to perform a criminal records check now and as needed in the future to update my child's records for arrests, convictions, or other information the County Department of Corrections, the State Justice Cabinet, and any other local, state, or federal criminal enforcement agency may have regarding my child and release such information to Southeast Christian Church.

On my behalf and on behalf of my child, I release Southeast Christian Church and the above mentioned agencies from any liability or damages resulting from the release of this information. I waive any present or future claims of privacy resulting from the release of this information for qualifications of volunteer work at Southeast Christian Church.

Applicant Parent's Signature

Date

Applicant Parent's Printed Name