

SoCal Network, Assemblies of God

**Volunteer Worker Application to Work with Minors**

**CONFIDENTIAL FORM**

Date: \_\_\_\_\_ Which event is the applicant attending? \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ DOB: \_\_\_\_\_

Check One:  Male  Female Applicant Email: \_\_\_\_\_

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

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

Applicant Phone: (\_\_\_\_\_) \_\_\_\_\_ Sr. Pastor Name: \_\_\_\_\_

Church Name: \_\_\_\_\_ City: \_\_\_\_\_

Have you ever been convicted of, or pled guilty or no contest to a crime other than a minor traffic violation, or are you now under charges for any criminal offense? A criminal conviction will not necessarily disqualify you from consideration. (If yes, please provide details on an additional sheet of paper and attach to this form).

Yes  No

What experiences or training do you have that would help you to be a counselor or staff person? Use the back of this page for additional comments:

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As a counselor, I will dedicate myself to the spiritual welfare of the minors under my care. I will attend all required activities. I will follow the policies set up by the staff and/or director. I understand and agree that at "lights out" the minors placed in my care are to be in their assigned rooms, and I am at no time to leave them unattended. I understand and agree that minors are not to leave the event premises without the supervision of the Church Leader who is in charge and only then at the times specified by the event schedule and/or director and with the parent/guardian authorization.

**Volunteer's Statement - Read Carefully**

The information contained in this application is correct to the best of my knowledge. I authorize the church listed above to release any information they may have regarding my character and fitness for work with minors including all information gained from a criminal records check from any and all agencies. I hereby release any individual, church, denominational agency or official, reference, or any other person or organization, including record custodians, both collectively and individually, and whether or not identified in this application, from any and all liability for damages of whatever kind or 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 further 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 release which I have read and understand. 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 further understand that a criminal records check may be conducted on me and I consent to any such check. I specifically waive any or all rights I may have to inspect or review any information provided to this district, its agents or representatives by any person or organization.

**I have read and understand the above provisions, and agree to them.**

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