



VOLUNTEER CHILDREN/YOUTH WORKER APPLICATION

CONFIDENTIAL INFORMATION

This application contains information that is confidential and may be reviewed only by the Executive Team of **Fellowship Connection Church**, the advisory team, or persons or committees authorized by the board of directors having authority to make personnel decisions regarding volunteers. Persons who review, duplicate, distribute, or disclose any portion of this document without authorization face one or more of the following consequences (1) Possible criminal liability, (2) Possible civil liability, (3) Possible termination of employment, if an employee, (4) Possible dismissal from any official position within the church, if a volunteer.

Name of Applicant _____

Position _____

Date _____

Pastor or Department Supervisor: _____

**Fellowship Connection Church
VOLUNTEER FORM TO WORK WITH
CHILDREN/YOUTH**

PERSONAL

Last Name	First	Middle	Date
Street Address			Phone - Day or Message ()
City, State, Zip Code			Phone - Evening Message ()
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(minors must submit "Parental Consent Form" as well)</small>			Social Security Number:
Drivers License Number:			Date of Birth:
List names used in the last five years, if different than one listed above.			

How long have you attended FCC? _____ yrs. _____ mos.
Are you a member of FCC? _____ yes _____ no

<p>Have you ever interviewed to be a volunteer at FCC prior to today's date?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date(s) and interviewer's name: Date(s): _____</p> <p>Interviewer: _____</p>
<p>NOTE: CONVICTION OF A FELONY WILL NOT NECESSARILY DISQUALIFY YOU FOR A POSITION AS A VOLUNTEER AT FCC.</p> <p>Have you ever been convicted of or plead guilty or no contest to a crime other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No _____.</p> <p>If so, please describe, including the disposition of your case:</p>
<p>Are you presently under charges of any criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, please describe:</p>

IN COMPLETING THIS VOLUNTEER APPLICATION, I UNDERSTAND, REPRESENT AND AGREE THAT:

1. Fellowship Connection Church's acceptance of this completed form does not mean that a volunteer position for which I am qualified is open or that the church has agreed to allow me to volunteer my services for the church. FELLOWSHIP CONNECTION CHURCH is under no obligation to utilize my volunteer services as the result of accepting this completed form. Completion of this form, in no way creates a contract between me and the Church.

2. As part of its procedure for processing this form or evaluating me for volunteer purposes, FCC may obtain an investigative report including information gathered through personal interviews with third parties, family members, and persons, with whom I am acquainted. I consent to the Church making any necessary criminal history checks pursuant to this process. This inquiry may include information as to my character, general reputation, and personal characteristics, whichever may be applicable. I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

BY SIGNING THIS FORM, I AUTHORIZE FELLOWSHIP CONNECTION CHURCH TO REQUEST AND OBTAIN THE INFORMATION DESCRIBED ABOVE. FURTHER, I RELEASE FELLOWSHIP CONNECTION CHURCH AND ITS DENOMINATIONAL AGENCY, AFFILIATES, RELATED ENTITIES, AGENTS, EMPLOYEES, AND OFFICERS (COLLECTIVELY "CHURCH") AND ALL REFERENCES FROM ANY CLAIM OR LIABILITY WHATSOEVER ARISING OUT OF SUCH REQUEST OR ANY INFORMATION DISCLOSED IN RESPONSE THERETO, AND I AGREE NOT TO BRING ANY ACTION OR ASSERT ANY CLAIM AGAINST FELLOWSHIP CONNECTION CHURCH OR REFERENCE ON ACCOUNT THEREOF. _____ (initial)

A photocopy or facsimile of this authorization shall be as valid as the original.

3. I understand that my providing of false or misleading material information or my failure to state material facts either in this form or in any interviews will result in my immediate release as a volunteer by FCC.

IF I AM APPOINTED TO A VOLUNTEER POSITION, I UNDERSTAND AND AGREE THAT:

1. Christian Alternative Dispute Resolution: In keeping with 1 Corinthians 6:1-8, all disputes which may arise between any volunteer and FCC shall be resolved in accordance with the Rules of Procedure for Christian Conciliation, Institute for Christian Conciliation. If efforts to conciliate or mediate the dispute fail, then the matter shall be resolved through binding arbitration. The decision of the arbitrators shall be binding on both parties, and both parties submit themselves to the personal jurisdiction of the courts of Arizona, both state and federal, for the entry of a judgment confirming the arbitrators' award. Each party shall bear their own costs, including attorney's fees, related to any mediation, conciliation or arbitration proceeding.

If a dispute may result in an award of monetary damages, then use of the conciliation, mediation, and arbitration procedure is conditioned on acceptance of the procedure by the liability insurer of FCC, the insurer's agreement to honor any mediation, conciliation or arbitration award up to any applicable policy limits. The mediation, conciliation, and arbitration process shall in no way affect the authority of FCC to investigate reports of misconduct, conduct hearings, or administer discipline of church volunteers.

2. I understand and agree to be bound by the bylaws, and policies of FCC, and to refrain from any conduct in violation of the Church's teachings and the Church's interpretation of biblical scripture.

I HAVE READ AND UNDERSTAND THE ABOVE AND AGREE TO BE BOUND BY THEM. I ACKNOWLEDGE THAT THIS IS A LEGAL DOCUMENT. I SIGN THIS DOCUMENT OF MY OWN FREE ACT AND WILL.

Name Signature Date

PERSONAL REFERENCES FROM FCC OR PREVIOUS CHURCH, IF YOU ARE NEW TO THIS CHURCH; NOTE: (Do not include relatives)

NAME	ADDRESS	CITY	STATE	ZIP	TELEPHONE
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CHURCH ATTENDANCE

Provide information regarding your church attendance for the last 10 years beginning with your most recent.

Church Name	Member Yes/No	Phone	Address	Dates Attended To - From
1.		()		-
2.		()		-
3.		()		-
4.		()		-
5.		()		-

PARENTAL CERTIFICATION, CONSENT AND RELEASE