



Ministry Volunteer Information Form

Southern New England Conference
PO Box 1169; South Lancaster, MA 01561
www.sneconline.org/ministries/child-protection

Please place completed form in a sealed envelope and turn into your church volunteer ministry coordinator or pastor. This process should be completed every three years, along with the child protection training and background screening designated by SNEC.

Personal Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment #
City ZIP Code

Home Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

SDA Church Member: Yes No Current Church: _____

Volunteer Ministry Roles: Primary: _____ Support: _____

Previous Churches (including City, State): _____

Previous Volunteer Experience/Role: _____

PERSONAL REFERENCES (Three references are required. Only one reference may be filled by a relative.)

Name: _____ Contact Telephone: _____ Relation: _____

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Personal Conduct Questionnaire

The following questions are designed to help us promote a safe, secure, and loving environment for the children who participate in our programs. This information will kept confidential and viewed by church leadership only. Answering yes to any of these questions will not necessarily disqualify you from participating in church ministry.

1) Have you ever been accused of, participated in, pled guilty to, or been convicted of child abuse, child neglect, or any other crime against a minor? Yes No

If yes, please explain: _____

2) Have you ever been charged, convicted of, or pled guilty to a crime, either a misdemeanor or a felony (including by not limited to drug-related charges, other crimes of violence (physical or sexual), theft, or motor vehicle violations)? Yes No

If yes, please explain: _____

3) Do you currently use any prescription(s) or other drugs that may limit your balance/ mobility or driving capabilities? Yes No

Emergency Contact Information

Name: _____ Contact Telephone: _____ Relation: _____

Volunteer Agreement and Release

The information contained in this application is true and correct to the best of my knowledge. I authorize the Seventh-day Adventist church leaders to contact any references or organizations listed in this application. I release the Seventh-day Adventist Church, its agents, and all such references and organizations from any and all liability in connection with my volunteer application. I understand that taking child protection training and background screening designated by SNEC is required before I can begin my volunteer service. In addition, I have read through the NAD Child Protection (FB-20) and Code of Conduct policies and agree to abide by such guidelines.

Signature of Volunteer Applicant: _____ Date: _____

Church Volunteer Ministry Coordinator - This Section is for Church Office Use Only

Completed Date:

Training _____ Screening _____ Referencing _____

Eligibility Volunteer Status: Eligible Not Eligible Eligible as a Non-Driver Other _____

The child protection training & screening process must be completed every three years:

Re-Screening Date: _____

Signature of Coordinator

Date

Keep in a safe and locked storage cabinet. Please inform pastor and conference child protection coordinator of any concerns that arise from the application process for this volunteer.

FOR CHURCH OFFICE USE ONLY

Ministry Volunteer Reference Form

Reference Name _____ **Date of Contact** _____

- 1) In what capacity do you know the volunteer? _____
- 2) How long have you known the volunteer? _____
- 3) Are you aware of any areas of concern with this individual that would inhibit them to serve as a church volunteer?
 Yes No If yes to question #3, please explain: _____
- 4) Would you recommend the applicant to volunteer: (*Select the scenario below that best describes the volunteer's interaction level with children in their ministry role.*)
 - Who has direct and frequent interaction with children? (youth volunteers) Yes No
 - Who has occasional interaction with children? Yes No
- 5) Would you be willing to have this volunteer to work with your child? Yes No

If no to question #5, please explain: _____

Reference Name _____ **Date of Contact** _____

- 1) In what capacity do you know the volunteer? _____
- 2) How long have you known the volunteer? _____
- 3) Are you aware of any areas of concern with this individual that would inhibit them to serve as a church volunteer?
 Yes No If yes to question #3, please explain: _____
- 4) Would you recommend the applicant to volunteer: (*Select the scenario below that best describes the volunteer's interaction level with children in their ministry role.*)
 - Who has direct and frequent interaction with children? (youth volunteers) Yes No
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If no to question #5, please explain: _____

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 - Who has direct and frequent interaction with children? (youth volunteers) Yes No
 - Who has occasional interaction with children? Yes No
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If no to question #5, please explain: _____