

LOGOS VOLUNTEER APPLICATION

Basic Information

Desired volunteer position _____

Name _____

Address _____

Email _____ **Phone** _____

Communication preference: **Call** **Text** **Email** **Other** _____

Best Times to Reach You _____

Social Security Number _____

How long have you been regularly attending FCPC? _____

Emergency Contact and Relation _____ **Phone** _____

Personal Information

1. Describe your faith journey.

2. What have you been doing to grow spiritually in the past year?

3. What would you do to maintain your spiritual growth?

4. What ministry experience do you have?

Medical Information

Have you had any prior injuries that might be aggravated by volunteering?

Are you currently taking prescribed medication that would impact volunteering?

Do you have any medical conditions that may be hazardous to others?

If answered yes, please explain and attach another sheet if necessary.

Background Information

Have you at any time, been involved in or accused, rightly or wrongly, Yes No

of sexual abuse, maltreatment, or neglect?

Have you ever been accused or convicted of possession/sales of controlled substances or of driving under the influence of alcohol or drugs? Yes No

Are you using illegal drugs? Yes No

Have you been arrested or convicted for any criminal act more serious than a traffic violation? Yes No

Have you ever been involved romantically or sexually with any student, or had sexual relations with any minor after you became an adult? Yes No

Have you ever gone through treatment for alcohol or drug abuse? Yes No

Have you ever had an order of protection filed against you? Yes No

Have you ever been asked to step away from ministry or work with students or children in any setting, paid or volunteer? Yes No

Is there anything in you past or current life that might be a problem if we found out about it at a later date? Yes No

If you answered yes to any of these above questions, please attach another page and write a full explanation. These will be discussed confidentially during your interview.

I have read the First Cumberland Presbyterian Church Child Protection Policy and Covenant and agree to be bound by them.

Yes No _____ (Initial here)

Waiver/Release

I, the undersigned, give my authorization to First Cumberland Presbyterian Church, Cleveland representatives—hereafter referred to as The Church—to verify the information on this form. The Church may contact appropriate government agencies as deemed necessary in order to verify my suitability as a church ministry worker. I am willing to submit and The Church background check.

The information contained in this application is correct to the best of my knowledge. In consideration of the receipt and evaluation of this application by The Church, I hereby release any individual, church, youth organization, charity, employer, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature that may at any time result to me, my heirs, or family, because of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization.

Should my application be accepted, I agree to be bound by the policies of The Church, and to refrain from conduct unbecoming to Christ in the performance of my services on behalf of The Church. If I violate these guidelines, I understand that my volunteer status may be terminated. By signing this application, I state that all of the information given about myself is true.

I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF, AND I SIGN THIS RELEASE AS MY OWN ACT.** This is a legally binding agreement that I have read and understand.

Print Name _____

Signature _____ Date _____