

VOLUNTEER PARTICIPATION FORM
For Working With Children, Youth and Vulnerable Adults

Name: _____

Address: _____

Home Phone _____ Work Phone: _____

O.K. to call at work? Yes _____ No _____

Occupation/Training _____

Do you have any training in first aid or CPR? _____

My training, education and experience equip me to help the church by: _____

What area of ministry would you like to volunteer for? _____

When would you be available to help? _____

Do you have any special insights regarding abuse or neglect? _____

Will you attend periodic annual training sessions on subjects that would include
abuse/neglect? Yes _____ No _____

Proof of current driver's license state/number _____

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

If yes, please explain: _____

Signature _____ Date _____