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Ministry Volunteer Information Form

Southern New England Conference

PO Box 1169; South Lancaster, MA 01561

www.sneconline.org/ministries/child-protection

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| *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: \_\_\_\_\_\_\_\_\_\_\_\_\_Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_

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| Personal Conduct Questionnaire |
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| 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 necessarlity 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 ❑ NoIf 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 ❑ NoIf yes, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3) Do you currently use any prescription(s) or other drugs that may limit your balance/ mobility or driving capablitiies? ❑ Yes ❑ No |

*Continue on next page* |
| 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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|  |
| 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

*\*Confidential Form*

*File in Locked Cabinet*

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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
1. Would you be willing to have this volunteer to work with your child? 🞎 Yes 🞎 No

If no to question #5, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Who has occasional interaction with children? 🞎 Yes 🞎 No
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If no to question #5, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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