



\_\_\_\_\_ Youth \_\_\_\_\_ Adult  
 (ages 16-17) (age 18 and up)

## VOLUNTEER APPLICATION

In order to provide a safe and secure environment for children, youth or the disabled persons participating in the programs of Cherry Hills Community Church, this application is to be completed for any and all volunteers, 16 years of age or older, who may be involved in the supervision or custody of minors. Prior to placement of a volunteer candidate, personal reference and criminal background checks will be performed to determine eligibility and placement. All information contained herein will be treated as confidential, and will be made available only to appropriate church staff.

### PLEASE PRINT OR TYPE

Please answer each question fully and accurately.

Date: \_\_\_\_\_

<b><u>PRINT FULL LEGAL NAME</u></b>					
_____	_____	Birth date	____/____/____	_M	_F
Last Name	First Name				
Present Address: Street _____ City _____ State _____ Zip _____ Years @ address _____					
<b>Prior Addresses:</b> Please list all prior states of residence and dates of residency (attach additional sheet if necessary)					
State (i.e. Texas, Kansas, etc.)	From Date:	To Date:	State (i.e. Texas, Kansas, etc.)	From Date:	To Date:
Phones: Home _____ Cell _____ Work: _____					
Email: Home: _____@_____ Work: _____@_____					
Occupation _____ Place of Work: _____					
Spouse name: _____ Anniversary _____				Date available to begin volunteering:	
Is your spouse supportive of your volunteer role? _____yes _____no					

### GENERAL EXPERIENCE

Ministry area for which you are applying to volunteer: \_\_\_\_\_

Coordinator to whom you will report (if known): \_\_\_\_\_

Are you a member of Cherry Hills Community Church?  YES  NO (*Membership is not necessarily required for volunteering*).

Please list any prior experience you have in working with children or youth. Please include name of church (or other organization), contact, city, state and telephone number:

## STATEMENT OF CHRISTIAN FAITH

Because of the nature of our ministry, we are concerned that our volunteers be committed to a Christian lifestyle. We expect all of our leaders to maintain high moral character. Our leaders must be committed to the love, nurture, physical protection and spiritual education of our children and youth, and therefore must model Christian standards of conduct. Examples of unacceptable moral behavior include, but are not limited to, the practices of homosexuality, adultery, living together outside marriage, etc. We believe that each leader should model Christ to the children with which they work and should exemplify a Christ-like lifestyle. Our volunteers are expected to actively participate in training sessions and uphold the policies and procedures of Cherry Hills Community Church. To help us evaluate our compatibility, please prayerfully answer the following questions.

Do you know Jesus Christ as your personal Lord and Savior?  YES  NO

Please share your Christian testimony and experience. *Feel free to attach additional sheets if more space is needed.*

As a volunteer applicant for a position with Cherry Hills Community Church (CHCC), which may include working with Children's/Youth Ministries of CHCC I recognize that participation with any Children's or Youth Ministry must be integrated with my commitment to congregational life at CHCC. I understand and acknowledge that this commitment is best achieved through participation at CHCC worship services, fellowship with other believers, prayer, stewardship and a regular devotional life. Further, if I am accepted for volunteer work at Cherry Hills Community Church, I agree to support the leadership of the Church, and the Ministry Philosophy and Doctrinal Statement.

\_\_\_\_\_ (please initial indicating your agreement with the above statement)

## REFERENCES

List those familiar with your job performance, personal characteristics and spiritual commitment who have known you a **MINIMUM OF ONE YEAR. PLEASE DO NOT LIST RELATIVES.**

Name & Mailing Address	Years Known	Relationship	Email Address and Phone Numbers	CHCC use only	
				Date	Interviewer
			Email: Home Ph.: Work Ph.:	<i>Notes:</i>	
			Email: Home Ph.: Work Ph.:	<i>Notes:</i>	
			Email: Home Ph.: Work Ph.:	<i>Notes:</i>	

Why do you want to work with children or youth at Cherry Hills Community Church?

Cherry Hills Community Church checks references and may conduct criminal background investigations on potential volunteers. Is there anything this process might disclose that you might need to explain?

YES  NO If yes, please explain (*attach additional sheets as needed*).

Have you ever been convicted of any law violation? (Include any plea of “guilty” or “no contest.” Exclude minor traffic violations.)

YES  NO (A conviction will not necessarily disqualify you from volunteering.)

If yes, give details (*attach additional sheets as needed*).

Do you have any physical limitations or mental conditions that may restrict your participation in activities with children or youth?

YES  NO If yes, please explain:

Have you been diagnosed with any communicable or contagious disease that has any chance of being passed on to other volunteers or children?  YES  NO If yes, please explain:

Have you been diagnosed or treated in the last five years for any mental illness, alcoholism, substance abuse, suicidal intent, pornography addiction, or other ailment?  YES  NO If yes, please explain:

Are you currently, or have you been in the past twelve months, employed by Cherry Hills Community Church or Cherry Hills Christian School?  YES  NO If yes, what was your hire date? \_\_\_\_\_

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CHCC Use Only

Application reviewed by:	Application review Date:
Program/Position:	Background Check:

# BACKGROUND CHECK AUTHORIZATION AND RELEASE

**Ages 18 and older ONLY**

**I understand and consent to provide Cherry Hills Community Church with my social security number and date of birth for purposes of obtaining background check information.**

\_\_\_\_\_ (please initial)

I understand and agree that I must be familiar with and abide by CHCC's Child Protection Policy.

I consent to be interviewed. I have read and understand the position description. As a volunteer, I understand that CHCC may terminate my position at any time, with or without cause, and without prior notice.

I certify that all information provided in this application, and any attachments, is true and complete to the best of my knowledge. I understand that any false information or omission may disqualify me from further consideration for a volunteer position, or, if I am accepted, may result in my dismissal from volunteering if discovered at a later date.

I authorize any references listed in this application to freely provide CHCC representatives with information, including but not limited to, verbal representations and written documentation which may reflect upon my fitness to perform volunteer assignments at CHCC, and which may include testimonies as to my character, reputation, personal characteristics and mode of living. I expressly release all such references, Cherry Hills Community Church and its representatives from any and all claims, damages and liability, which may arise from furnishing such information.

In order to protect the children and/or youth of CHCC with whom I come in contact, I consent to and authorize a thorough investigation, as referenced above, of my character, experience, credentials and background, including, but not limited to, a professional Criminal Background Investigation which may be repeated as often as CHCC deems necessary.

I understand that any person who is being investigated for or who has been convicted of any crime against a person (including but not limited to, any crime against a child or spouse), will not be permitted to serve as a volunteer in any church sponsored activity involving children or youth. I agree to inform my CHCC supervisor/contact of any change in circumstances that would violate these provisions.

I understand that Cherry Hills Community Church will treat all information listed herein obtained by my consent as confidential.

**If you agree to these statements, please give your consent by signing below.**

**AGE 18 and older ONLY:**

DATE \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Last Name (Please Print)                      First Name                      Middle name

Have you used any other name or alias?  YES  NO If yes, give name(s) \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Applicant's S.S. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_                      Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
example: 01/01/1950

\_\_\_\_\_  
Applicant's Signature

Return this document in a sealed envelope to: CHCC Attention: Laura McDaniels  
Use mailing address below or drop off at the Ministry Center desk.