



# St. Sanctuary Church

street address, city, California zip • Tel: (xxx) xxx-xxxx • e-mail

## Volunteer Information Form

This application is being used to help St. Sanctuary provide a safe and secure environment for children, youth and vulnerable adults, as well as leaders who participate in St. Sanctuary's programs and use St. Sanctuary's facilities. Before volunteering for any position involving the supervision or custody of children, youth and vulnerable adults, individuals will complete this application, be interviewed, and may have criminal and reference checks. This assures that St. Sanctuary has the finest volunteers to nurture others in their faith and that volunteers themselves are protected.

The information obtained from this form is for the use of St. Sanctuary only. The confidential information requested in this form will only be seen by St. Sanctuary's pastoral staff who have a legitimate need to know the information. The confidential portion of this form will initially be screened by one member of the pastoral staff and can only be discussed with other members of the pastoral staff only with your written consent.

Name \_\_\_\_\_,  
Last First Middle

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_

Current job responsibilities and schedule

\_\_\_\_\_  
\_\_\_\_\_

Previous work experience

\_\_\_\_\_  
\_\_\_\_\_

Special gifts, training and interests

\_\_\_\_\_  
\_\_\_\_\_

Any health-related training (CPR, first aid, lifeguard, EMT, etc.)

\_\_\_\_\_  
1. List (name and address) other churches, if any, you have attended regularly during the past five years:

---

---

---

---

---

2. List any previous paid or volunteer work involving children or youth:

Church/Organization	City	Work performed	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. List previous residences (for last five years):

Address	City	State	Zip
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Personal References (not relatives or former employers)

Reference Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
How Long Known: \_\_\_\_\_ Relationship: \_\_\_\_\_

Reference Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
How Long Known: \_\_\_\_\_ Relationship: \_\_\_\_\_

Reference Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
How Long Known: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name \_\_\_\_\_

**CONFIDENTIAL INFORMATION**  
(this information will only be seen by a pastor)

The confidential portion of this form will initially be screened by one member of the pastoral staff and will only be discussed with other members of the pastoral staff with your written consent.

5. Additional Information

Have you ever been the subject of a complaint to any employer, government or other agency, organization, or person charging sexual abuse, misconduct or harassment? Yes No

Have you ever been charged with any criminal offense involving children or youth or vulnerable adults? Yes No  
(If yes, please explain below)

Have you ever been convicted of child neglect or abuse? Yes No  
(If yes, please explain below)

Have you ever been convicted of or pleaded guilty to a felony? Yes No  
(If yes, please explain below)

Do you use illegal drugs? Yes No  
(If yes, please explain below)

Have you ever been convicted of a DUI? Yes No

Other than the above, is there any fact or circumstance involving you, your mental or physical health, or your background that would call into question your being entrusted with the supervision, guidance, and care of children, youth or vulnerable adult? Yes No  
(If yes, please explain below)

Is there anything we should know about you that will assist us in supporting you most effectively in your work with children or youth? Yes No  
(If yes, please explain below)

---

---

---

---

---

---

Because leaders of children and/or youth are role models, smoking and the possession and/or use of alcohol is inappropriate while supervising minors. Thus, if you smoke or drink, even occasionally, would you be willing to agree that you would abstain from any use of tobacco or alcohol while in the presence of children and you in church sponsored or related activities? Yes No

I understand that to volunteer at St. Sanctuary, I will be required to attend periodic training sessions and agree to attend them. Yes No

St. Sanctuary believes that each person has many gifts and graces to offer. "Yes" answers will not necessarily disqualify you from serving with children or youth. I understand that if I prefer to discuss these questions with a member of the pastoral staff prior to answering them, I will call for an appointment and any member of the pastoral staff will be happy to discuss any concerns I have in a totally confidential way.

The information I have provided in the Confidential and the Non-Confidential portions of this form may be verified by contacting persons or organizations named in this form and/or other persons or organizations who may have information concerning me (including law enforcement agencies). I hereby release and agree to hold harmless from liability (a) any person or organization that provides information in connection with this form and (b) St. Sanctuary and the officers, employees and volunteers, thereof, in connection with the verification of any information provided in this form.

By signing this form, I confirm that I have read, completed, and signed St. Sanctuary's Volunteer Application and St. Sanctuary's Personal Safety Covenant. I have read St. Sanctuary's Safe Church Policy, had the opportunity to ask questions about anything I don't understand, and have signed the pledge to abide by it. I will comply with The Policy and Covenant when working with children, youth and/or vulnerable adults at St. Sanctuary.

I affirm that the information I have given in this form is true and correct and that if there are any changes I will promptly inform St. Sanctuary.

Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

Print: \_\_\_\_\_

If potential volunteer is under 18, please have a parent or guardian sign this form.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print: \_\_\_\_\_