

## EMERGENCY CONTACT

Name (List Parent/Guardian if applicant is a minor) \_\_\_\_\_ Relation \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ ID # \_\_\_\_\_

FOR MINOR APPLICANTS ONLY: I hereby give my consent for River Valley Church to secure emergency treatment by a licensed physician or dentist in the event I cannot be reached.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## APPLICANT'S STATEMENT

The information contained in this application is correct to the best of my knowledge. I authorize any references deemed necessary to give you any information that they may have regarding my character and fitness for children and/or youth work, and I release all such references, River Valley Church, and its appointees from liability for any damage that may result from furnishing such evaluations to you.

Should my application be accepted, I agree to be bound by the leadership and policies of River Valley Church, Grants Pass, OR and to refrain from unscriptural conduct in the performance of my services on behalf of the church.

I understand that a criminal background check will be conducted for all applicants.

I have read and agree to abide by the policies set out in the  Volunteer Manual.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature, if applicant is a minor: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only:

Approved by: _____	Date: _____
Background Check Cleared? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____

Office Use Only:

Last	First	
Phone	Email	
Service Sat: 5:00 Sun: 8:50 10:10 11:30	Team 1 2 3 4	Classroom



## PERSONAL INFORMATION





Name		Today's Date	
Address		City	State Zip
Home Phone Number		Cell Phone Number	
Email address		Preferred Communication: <input type="checkbox"/> Call <input type="checkbox"/> Text <input type="checkbox"/> Email	
Date of Birth	Age (if minor)	Name of Spouse (if applicable)	
Names and Ages of Children (if applicable)			
Have you ever been arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:			
Is there any reason why you would pose a risk to children and/or ever participated in, been accused or convicted of, or pleaded guilty or no contest to any abuse or sexual misconduct? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:			
Do you have any physical handicaps or conditions preventing you from performing certain types of activities? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:			

## REFERENCES

Please give two personal character references, other than family, whom we may contact.

Name		Relationship	
Address		City	State Zip
Home Phone Number		Cell Phone Number	
Name		Relationship	
Address		City	State Zip
Home Phone Number		Cell Phone Number	

## MINISTRY INFORMATION

Ministry:   Birth-2 years   2-4 years   K-3rd grade   4th & 5th grade  Actor/tech.  Special Needs Buddy

Service:  5:00pm  8:50am  10:10am  11:30am  Redwood, 10:00am  New Hope, 10:30am

Frequency:  weekly  every other week  monthly

Why are you volunteering?

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Have you discussed with your spouse or parent the obligations of the position?

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List any previous volunteer work.

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How long have you attended River Valley Church?

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## TESTIMONY

Give a brief testimony of your salvation experience.  
Please include when you were saved and your spiritual growth since that time. Use additional paper if needed.

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