

# City Gospel Mission Volunteer Application Youth Programs



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**Office use only:**

R.Edge \_\_\_\_\_  
Sel.com \_\_\_\_\_  
Ref 1 \_\_\_\_\_ 2 \_\_\_\_\_  
Level 3 \_\_\_\_\_  
Dr Ck \_\_\_\_\_

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

### Volunteer Application for Working with Youth

This application must be completed before one-on-one interaction with children can begin. The information on this application will be kept confidential and secured in a locked location at City Gospel Mission's administrative office.

Program Name (If known): \_\_\_\_\_

Print Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Previous or Maiden Name (if applicable) \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

List states and counties of residence, other than above, for the past seven (7) years:

County \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State Issued \_\_\_\_\_

County (i.e. Hamilton): \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Home Church (if applicable): \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ How long there? \_\_\_\_\_

How did you hear about City Gospel Mission? \_\_\_\_\_

What gifts, hobbies, training, education, and/or skills do you bring to the program that might be useful when working with youth? \_\_\_\_\_

Do you speak a foreign language (If yes, which) \_\_\_\_\_ what level? \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**References** \*\* Please complete all sections or the application will be returned to you

Please list two personal references (**non-relatives, over 18 years old, non City Gospel Mission staff**) who have known you well for more than one year, and can vouch for your suitability to work with youth. Please complete all information or your application may be delayed.

1. \_\_\_\_\_  
Name Phone Number Email Address

\_\_\_\_\_

Street Address City State Zip Relationship

2. \_\_\_\_\_  
Name Phone Number Email Address

\_\_\_\_\_

Street Address City State Zip Relationship

How long have you lived in Ohio/Kentucky/Indiana? \_\_\_\_\_

If less than two years, please provide previous address \_\_\_\_\_

Have you ever been arrested? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:

Have you ever committed or been accused, charged, or alleged to have committed any act of neglecting, abusing or molesting any children? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain in detail, providing date and place of the incident.  
Please attach another sheet if necessary:

**Would you agree to have us check your name with the appropriate public authorities for matters of public record regarding your background or history? Yes \_\_\_\_\_ No \_\_\_\_\_**

**APPLICANT'S STATEMENT:**

The information in this application is correct to the best of my knowledge. I authorize any References listed in this application to provide any staff associated with City Gospel Mission (whether paid or volunteer) with any information regarding my character and fitness for work with minor children. I release all such References from any liability for furnishing such information to any staff associated with City Gospel Mission (whether paid or volunteer) and I waive any right that I may have to inspect any written statements provided to any records memorializing conversations any staff of City Gospel Mission (whether paid or volunteer) may have with such references.

I authorize City Gospel Mission to verify the truthfulness of any information that I have provided through a criminal background (or other appropriate) investigation.

I authorize City Gospel Mission to share any information that I have provided, any information obtained from the References I have listed, and any information obtained through a criminal background, motor vehicle check, or other appropriate investigation with any staff of City Gospel Mission (whether paid or volunteer) when necessary to evaluate my acceptance or continuation as a volunteer in the City Gospel Mission Program. I authorize City Gospel Mission and its partnering churches to use my name, photograph, and /or video material in its promotional materials.

**I agree not to transport any youth in any vehicle as part of any City Gospel Mission youth program unless I have completed the Driver's screening process (including the Driver agreement) and been informed by my supervisor that I have been cleared to drive. I also agree not to drive any youth unless another screened adult is present at all times (unless I have been cleared to do so)**

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

Printed name \_\_\_\_\_