



FOR OFFICE USE ONLY:
 Requested: _____
 Approved: _____
 Date of interview: _____

VOLUNTEER APPLICATION

Name _____ Home Phone _____ Cell Phone _____

Birthdate ___ / ___ / ___ Gender F M Email _____

Address _____ City _____ Zip _____

What is your Occupation? _____

Are you a member / regular attender of a church? Y N

If so, which church do you regularly attend? _____

What excites you about serving? _____

Please list any experiences you have in volunteering. _____

I am particularly interested in volunteering with:

- Severe Winter Shelter Network
- Language Center
- Senior Connections
- Counseling Center
- Home & Health Food Bank
- GED Classes
- Other _____

Have you ever been tried or convicted of child abuse or sexual molestation of a minor? Y N

Do you have any physical handicaps or conditions we need to be aware of to help place you in the most suitable role?
 If yes, please explain _____

Have you ever been treated for a mental illness? Y N

If yes, please explain _____

Do you have First Aid / CPR certification? Y N

Completion Date _____ Agency Providing Training _____

BACKGROUND CHECK INFORMATION

This authorization and consent for release of personal information acknowledges that the Life Center / Mission Hills Church (MHC) may now or at any time I am in a volunteer service, conduct investigations whether the records are of a public or confidential nature. These investigations might include, but are not limited to, driving records, educational reference, credential reference, name verification, social security verification, county civil records, county felony criminal history, county misdemeanor or criminal history, federal civil court records and criminal history (statewide, federal or extended).

I understand these searches will be used to determine volunteer work assignment for the Life Center (MHC). Therefore, I authorize and consent for full release of records to the authorized representatives of this organization.

After reading this document I fully understand its content and authorize the background verification. I also certify that the answers provided above and below are accurate to the best of my knowledge and belief. I am aware that failure to complete this application, intentional omissions or misstatements may result in refusal of volunteer eligibility. Should my application be accepted, I agree to be bound by the bylaws and policies of the Life Center (MHC) and to refrain from unscriptural conduct in the performance of my services on behalf of the organization.

Please initial _____

REFERENCES (REQUIRED FOR EVERYONE)

Please list 2 persons, not related to you, whom you have known for a minimum of one year. It is requested that at least one reference be a Pastor or lay leader from your current church. Please list complete and current contact information.

REFERENCE 1

Name _____ Relationship _____
Address _____ City/State _____ Zip _____
Email _____ Phone _____

REFERENCE 2

Name _____ Relationship _____
Address _____ City/State _____ Zip _____
Email _____ Phone _____

COMMITMENT

I am willing to be trained, supervised, and reviewed by the Life Center Staff.

I will consistently seek to fulfill the responsibilities of my volunteer role.

I will seek to attend all scheduled training/planning meetings.

I understand and give permission for the Life Center (MHC) to run the stated various background checks in an effort to provide a safe and suitable environment for the clients and volunteers of the Life Center.

I acknowledge and am willing to support Mission Hills Church's Statement of Faith.

As a volunteer I understand it is completely outside of the scope of my ministry to engage in any practice that would intentionally harm a child emotionally or physically.

I also agree not to engage in any behavior that would involve sex or sexuality with any child. That includes inappropriate touching, intimate sexual contact, sexual gestures, sexual jokes and statements, exhibitionism, actions or speech designed to arouse sexually, and actions or speech designed to encourage sexual experimentation.

I understand that sexual abuse of a minor child is a crime. I understand that the church will cooperate fully with any and all law enforcement agencies when abuse occurs.

Signature _____ Date _____

VOLUNTEER POLICIES & PROCEDURES

The following policies and procedures have been established to help you be better equipped to serve at the Life Center

- Please wear your name tag at all times. This lets people know that you are part of the volunteer team.
- Please make a conscious effort to arrive on time.
- Please wear clothing suitable for the volunteer area in which you are serving.

Please sign below that you have read and agree to the above policies and procedures.

Printed Name _____

Signature _____ Date _____





AUTHORIZATION TO RELEASE INFORMATION + RECORDS

I _____ hereby authorize the LIFE CENTER / Mission Hills Church (MHC) and/or their agent to conduct an appropriate background investigation for determination of my eligibility for employment/volunteering. This may include, but is not limited to: my former and current employers, educational institutions, the Colorado Bureau of Investigation and/or other law enforcement agencies, and all other pertinent parties to fully investigate my background. I authorize all persons who may have information relevant to this investigation to disclose it to the LIFE CENTER (MHC) and/or their agent. I release and agree to hold harmless all persons providing such information and the LIFE CENTER (MHC), its officers, directors, employees, and agents from liability on account of such disclosure. I hereby further authorize that a photocopy of this authorization may be considered as valid as the original.

I hereby authorize the LIFE CENTER (MHC) and/or their agent to conduct a credit report for positions of employment/volunteering that require the handling of money. For this purpose, the credit agencies record this as an informational inquiry only and it does not affect your credit.

I understand that my employment/volunteering is contingent on receipt of satisfactory background results. I further understand that I have a right, under Section 606(B) of the Fair Credit Reporting Act, to make a written request within a reasonable period of time for a complete and accurate disclosure of the nature and scope of the investigation requested.

First Name _____ Last Name _____ Middle Name _____

Maiden/Other Names Used _____ Date Last Used _____

Maiden/Other Names Used _____ Date Last Used _____

Social Security Number _____ Date of Birth _____ Gender F M

Driver's License Number _____ State _____

Have you been convicted of (or is action pending by an law enforcement agency for) any violation? Y N

(Include court martial, but do not include juvenile convictions) If yes, list all violations below; include dates and arresting agency. Attach additional pages if necessary. _____

ALL ADDRESSES FOR THE LAST FIVE YEARS

A conviction will not necessarily bar an applicant from employment/volunteering.

STREET _____ CITY _____ STATE _____ ZIP _____ YEARS _____

STREET _____ CITY _____ STATE _____ ZIP _____ YEARS _____

STREET _____ CITY _____ STATE _____ ZIP _____ YEARS _____

STREET _____ CITY _____ STATE _____ ZIP _____ YEARS _____

STREET _____ CITY _____ STATE _____ ZIP _____ YEARS _____

Attach additional pages if necessary

Volunteer Signature _____ Date _____





RELEASE + AUTHORIZATION TO RECORD PICTURE AND/OR VOICE ON PHOTOGRAPHS, FILMS, AUDIO AND/OR VIDEOTAPES

Release executed on _____ (date), by _____ (name) of _____ (street address, city, county, state, zip code) herein referred to as Releasor, in favor of Mission Hills Church, a corporation organized and existing under the laws of the State of Colorado, with its principal place of business located at 620 SouthPark Drive, Littleton, CO 80120 herein referred to as Releasee.

Releasor, being of lawful age, hereby expressly releases Releasee, its licensees, agents, successors and assigns from all liability for claims and/or demands arising out of the agreement as set forth below.

Releasor hereby authorizes Releasee to record his or her picture and voice on photographs, films and audio and videotapes, to edit these recordings at its discretion, and to incorporate these recordings into movie and sound films or audio and videotapes, broadcasts (e.g., radio and television, including cable and satellite transmissions), online distribution (e.g., YouTube and Vimeo), or otherwise, and to use and license others to use such recordings, movie and sound films, audio and videotapes, and broadcast programs in any manner of media whatsoever, including unrestricted use for purposes of publicity, advertising and sales promotion and to use Releasor's name, likeness, voice and biographic or other information in connection therewith.

Releasor further agrees to indemnify and save harmless Releasee, its licensees, agents, successors and assigns, from any and all claims and liability for damages, losses or expenses of any sort arising from the making of such recordings and their use. Releasor further acknowledges that there were no promises of any compensation for such use by Releasee or by anyone associated with Releasee and, that Releasee exclusively owns all rights to these recordings regardless of the form in which they are produced or used.

Releasor warrants and agrees that he or she has read and understood the contents hereof, and that he or she has the right and authority to execute this release and indemnification.

In witness whereof, the parties have executed this release and indemnification agreement on the date and year first above written.

Print Name _____

Parent or Legal Guardian Name (if Releasor is minor) _____

Signature _____

