

Otter Creek Church of Christ
Confidential Volunteer Application Form

This application is to be completed by all applicants for any position involving the supervision or custody of minors. This information is used to help the church provide a safe and secure environment for those children and youth who participate in our programs and use our facilities. (Please use the back of this form if necessary.)

General Information

Date _____
Full Name _____ Maiden Name _____
Marital Status ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed
Spouse's Name _____
Children (Names & Ages) _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____
Email address _____

Background Information

How long have you worshiped at Otter Creek? _____

In what areas of church ministry are you presently involved? _____

Date of baptism? _____ (year)

Briefly tell us about your spiritual journey that led you to accept Jesus Christ. _____

Previous church attended _____ Dates attended _____

List volunteer roles at previous church: _____

Provide a reference for that volunteer work with email and phone #: _____

Provide cell # or e-mail contact for person who oversaw you in that volunteer role: _____

Provide two quality, NON-FAMILY references w/email & phone #s (At least one OC Member, please): _____

Please comment about your reasons for wanting to become involved with OC's Children's or Youth Ministry: _____

Do you wish to tell us of any current or past choices in your life which could impact your ministry? _____

Please describe: _____

Have you ever been accused of, charged with, or committed any act of neglecting, abusing or molesting any minor?

☐ yes ☐ no If yes, explain in detail, providing date and place of incident _____

Have you ever used illegal drugs? ☐ yes ☐ no

If yes, explain _____

Have you ever misused prescription drugs? ☐ yes ☐ no

If yes, explain _____

How often do you consume alcohol? _____ Has anyone ever suggested you may have a drinking problem? Yes // No

Briefly describe your history/experiences with pornography: _____

Is there any health related reason that would keep you from effectively working with minors or cause any potential harm to them? yes ☐ no ☐

If yes, explain _____

APPLICANT'S STATEMENT

The information contained in this application is correct to the best of my knowledge. I, the undersigned, hereby grant permission to the Otter Creek Church to call any persons listed here for reference and/or for verification of any content in this document.

SIGNATURE _____

PRINT NAME _____