



Volunteers

Thank you for your willingness to Live Out your faith in our children's or youth ministry. We are pleased that you are using your gifts and abilities to serve God in this way.

Our goal is to make sure you find a ministry that will best use your God-given talents, passions, gifts, and experiences and at the same time keep the children, youth, volunteers, and church a safe place for everyone.

We are committed to having a safe environment for children and youth to discover real life in Christ. That is why we have implemented the Child Protection Program (CPP). Please fill out and complete ALL questions on the CPP application and return along with a copy of your driver's license and two completed references. Please seal the envelope to insure your privacy. All applications are safely maintained under two locks at the church's office.

Thank you again for your desire to serve in ministry!





Confidential

Child Protection Program Application

Purpose:

To enable ministries to carry out their missions while safeguarding minors against emotional, physical and sexual abuses.

Values of the Program:

1. Protect minors
2. Protect volunteers and staff
3. Ministry support
4. Protect the church



Volunteer Screening Application Palm Coast Community Church

Please check the area of ministry you are interested in serving:
 Nursery 2-4 yr olds K-4th grades 5th & 6th grades 7-12 grades

What services are you available for?
 Sun 1st Sun 2nd Sun eve Sat eve

EPIC Church
 Special Events (Fall Festival, Block Party, etc)

Not sure (We will glad to contact you to discuss the options)

PERSONAL INFORMATION

Today's date _____

Name _____ Birthdate _____

Mailing Address _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Occupation _____ Where employed _____

Marital Status _____ Name of spouse _____

Children's names and ages _____

FOR PCCC OFFICE USE ONLY

SPIRITUAL HISTORY

Regular Attender at PCCC or EPIC ___Y___N How long?_____ Member ___Y___N

Have you been baptized? ___Y___N If so, date of baptism _____

Do you have a personal relationship with Jesus Christ? Briefly explain _____

Please list other churches and locations where you have regularly attended over the past

Five years _____

QUALIFICATION FOR SERVICE

What volunteer/leadership experience have you had with children//youth? List both church and secular work involving children and youth. _____

List any gifts, training, education, or other factors that have prepared you to work with children /youth. _____

PERSONAL REFERENCES

Please provide three adult personal references who have known you for at least one year and are not related to you. There are two Reference Requests sheets attached to the application which you can use to obtain references and return with your application.

LEGAL QUESTIONNAIRE

Have you had any painful experiences in your life that may hinder you from a productive ministry with children? _____

Would you like to meet with a pastor regarding this circumstance? _____

Have you ever been convicted for use or sale of drugs? _____

Have you ever been hospitalized or treated for alcohol or substance abuse? _____

Have you ever been arrested for a criminal offense excluding minor traffic violations? _____

Have you ever been accused, arrested or convicted for any sexually related crimes? _____

Have you ever been accused, arrested, or convicted for any abuse related crimes? _____

Do you voluntarily seek involvement with pornographic materials? _____

Are there any circumstances involving your life-style or your background that would call into questions your ability to work with children? _____

If you answered yes to any of the above questions, please explain. _____

APPLICANT'S STATEMENT

The information contained in this application is correct to the best of my knowledge. I authorize any references listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for children or youth work. I authorize the release of the information contained in the application, on a confidential, need to know basis, to any Ministry at PCCC in which I seek a position (volunteer or compensated). In consideration of the receipt and evaluation of this application by PCCC, I hereby release any individual, church, youth organization, charity, reference or any other person or organization, including record custodians., both collectively and individually, from any and all liability for damages or whatever kind or nature, which may at any time result to me, my heirs or family, on account of compliance or any attempts to comply with this authorization. To uphold the confidentiality of the references, I waive any right that I may have to inspect any information provided about me by any person or organization, but I may contact PCCC to inquire about information provided about me.

Should my application be accepted, I agree to refrain from unscriptural conduct in the performance of my services on behalf of the Church.

Also, I hereby request and authorize the release of any information which pertains to any record of convictions contained in law enforcement files or in any criminal file maintained on me whether local, state or national. I hereby release local, state and national law enforcement agencies from any and all liability resulting from such disclosure.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND SIGN THE RELEASE AS MY OWN FREE ACT. This is a legally binding agreement, which I have read and understand.

Print Applicant's Full Legal Name _____

Print Maiden Name or Any Aliases: _____

Applicant's Gender M ___ F ___

Applicant's Signature _____ Date _____

Flagler County Office of the Sheriff
Records Section
1001 Justice Lane
Bunnell, FL 32110

RELEASE OF SHERIFF'S RECORDS

I, _____, Palm Coast Community Church/EPIC volunteer applicant, hereby give the Flagler County Sheriff's Department permission to search its files and release to Palm Coast Community Church/EPIC information found. I realize this search is a routine matter for all applicants.

Signature of Applicant

Date

Full Name _____

Race _____ Sex _____ DOB _____

Current Address _____

_____ Zip _____

Social Security Number: _____

***YOU MUST INCLUDE A COPY OF YOUR DRIVER'S
LICENSE***



Reference Request

We have recently received a request from _____(applicant) to be a part of our children’s or youth ministry. As part of our process, we ask each person to provide us with references. For us to properly assess this person’s qualifications for service, we ask that you please complete the following survey with your honest opinions and impressions.

If you prefer to mail in the reference, please send to:
Palm Coast Community Church; 1 Pine Lakes Pkwy N; Palm Coast, FL 32137;
Attn: Volunteer Dept.

If you have any questions, please do not hesitate to call us at 386-246-9181 ext 22.

Thank you,
Susan H Rice, Volunteer Coordinator

1. How long have you known this person? _____

2. What is your relationship with this person (i.e. friend, coworker, etc.)? _____

3. Have you seen the applicant interact with children?_____ If so, describe how they were.

4. Would you trust the applicant to care for children? _____

5. Please let us know one or more areas of strength you believe this person would bring to this ministry:

6. Using a scale of 1-4 (4 being outstanding) how would you rate this person in:
Trustworthy____ Social Interaction____ Emotional Security____ Responsible to Commitment____

7. Use this space and the back to add any additional comments or explanations regarding this person.

8. Do you know of or have you ever heard of any accusations involving abuse or inappropriate conduct by the applicant involving minors. _____

The above information is true and correct to the best of my knowledge.

Signature: _____

Date: _____

Print Name _____

Phone No. _____

Witnesses (Two witnesses are required)

Witness Signature

Witness Signature



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