



Volunteer Application

Welcome! Thank you for considering being a part of our volunteer ministry. Please know that your desire to serve is greatly appreciated. Without you and others like you using your gifts, Oasis Church could not function. Please read and complete the following information. Thank you.

CONFIDENTIAL

This form is to be completed by all applicants for any volunteer position involving the supervision, care, or custody of minors. This is being used to help the church provide a safe environment for those children who participate in our programs.

GENERAL INFORMATION

Today's Date _____

Name _____

Address _____

How long have you been a Florida resident? Consecutive years _____

Home Phone (_____) _____ Cell Phone (_____) _____

E-mail _____

Place of Employment _____

Do you have any children who attend this church? If yes, please list names and ages:

I am particularly interested in working with:

Infants _____ Preschool ages 2-5 _____ Elementary 1st-5th Grade _____

SPIRITUAL JOURNEY

Summarize how you came to know Jesus Christ as your Savior. (Please write on the back of this page.)

PERSONAL SITUATIONS

Were you a victim of abuse or molestation while a minor? (If you prefer, you may discuss your answer in confidence with one of the pastors rather than answering it on this form. Answering yes or leaving the question unanswered will not automatically disqualify an applicant for children work.)

_____ Yes _____ No

Have you ever been convicted of, or pleaded guilty or no contest to a crime (other than a traffic violation)?

_____ Yes _____ No If yes, please explain on the back.

Have you ever been accused, charged, or alleged to have committed any act of neglecting, abusing or molesting a child? If yes, please use a separate sheet of paper to explain in detail, providing date and place of incident.

_____ Yes _____ No

Personal References: (not relatives or former employers)

Name: _____ Phone: (_____) _____

Address: _____

Name: _____ Phone: (_____) _____

Address: _____

BACKGROUND CHECK INFORMATION

First Name: _____ Middle Initial: _____

Last Name: _____

Gender: _____ Race: _____ Date of Birth: ____/____/____

Social Security Number ____ - ____ - ____

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 they may have regarding my character and fitness for working with children and I release such references from liability for any damage that may result from furnishing such evaluations to you.

Should my application be accepted, I agree to follow the policies of Oasis Church, and to refrain from immoral, inappropriate or criminal conduct in the performance of my services on behalf of the church.

I authorize that a Criminal Records Check may be conducted on me, and that any information which pertains to any record of conviction contained in police files or any criminal file maintained on me, whether state or local, be released to the church. In so authorizing, I release any police departments, Oasis Church, or those individuals receiving the results of the check from any, and all liability resulting from such disclosure.

I have carefully read this statement and release, and I will sign it of my own free will.

Applicants Signature

Date