

Harvest Time Church Volunteer Service Application

(This is **not** an employment application.)

--- Confidential---

Welcome! Thank you for considering serving with our ministry. Children's safety is our top priority. Thoroughly screening our applicants is one important step we take to accomplish this goal. Thanks for taking just a few minutes to fill out this form. When you're done, please submit it to the person identified in the last section of this application. We will follow up with you after we have had a chance to review your completed forms. Please note that this is not an employment application, and volunteers are not considered employees and are not financially compensated. Please let us know if you have any questions about this screening process. Again, thanks for partnering with us in ministry!

Personal Information

Today's Date _____ Full Name _____

In what position do you desire to serve in our children's/youth ministry? _____

Address _____

City _____ State _____ Zip _____

Home Phone: () _____ Work: () _____ Cell: () _____

Email Address _____

Birthdate ____/____/____ Social Security Number _____

If you have lived at your current address less than seven years, provide information on all addresses during that period.

Address _____ City _____ State _____ Zip _____

Address _____ City _____ State _____ Zip _____

Address _____ City _____ State _____ Zip _____

1. How long have you attended Harvest Time Church? _____ years _____ months

2. Are you a member of Harvest Time Church?

_____ Yes If yes, please indicate what year you attended a membership class: _____

_____ No

3. Why do you want to serve in this ministry?

4. Have you ever been convicted of, pled guilty to, or pled no contest to a crime other than a minor traffic violation?

_____ Yes _____ No If, yes please explain. _____

5. Are you now under charges for any criminal offense? A criminal conviction will not necessarily disqualify you from consideration.

Yes No If, yes please explain. _____

Training, Experience, Professional Certifications, or Licenses

6. List any training or experience you have had that may benefit the position in which you seek to volunteer, including any professional license or certification. Write any additional comments that you would like to make about your background below:

Driving Information

7. Driver's License number _____ State of issue _____

Expiration date _____ / _____ / _____ Birthdate _____ / _____ / _____

Type of license:

Operators Commercial Chauffeur Other (please specify) _____

Do you have any restrictions on your driver's license?

Yes No If yes, please not here _____

Have you been involved in any motor vehicle accidents while driving during the past five years?

Yes No If yes, please list this question and describe each accident on a separate sheet.

Have you been convicted of any moving violations during the past five years?

Yes No If yes, please list this question and describe each conviction on a separate sheet.

Do you carry liability insurance on your automobile?

Yes If yes, please identify insurance company _____

No If no, do not drive as a volunteer. All volunteer drivers must have liability coverage.

Prior Service References

8. List at least two references not from Harvest Time Church, preferably from individuals who can comment on previous involvement in the service area of interest. References must meet the following criteria: must be 18; must not be a relative; and must have known you for at least a year.

A. Name _____ How do you know this person? _____

Length of time you have known this person _____ Email Address _____

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

Address _____ City _____ State _____ Zip _____

B. Name _____ How do you know this person? _____
Length of time you have known this person _____ Email Address _____
Home Phone (_____) _____ Work (_____) _____ Cell (_____) _____
Address _____ City _____ State _____ Zip _____

Personal References

9. List at least two personal references can be from within Harvest Time Church. References must meet the following criteria: Must be over age 18; must not be a relative; must have known you for at least a year.

A. Name _____ How do you know this person? _____
Length of time you have known this person _____ Email Address _____
Home Phone (_____) _____ Work (_____) _____ Cell (_____) _____
Address _____ City _____ State _____ Zip _____

B. Name _____ How do you know this person? _____
Length of time you have known this person _____ Email Address _____
Home Phone (_____) _____ Work (_____) _____ Cell (_____) _____
Address _____ City _____ State _____ Zip _____

10. Identify all faith communities you have attended or in which you have been involved in the last five years.

Name _____ City _____ State _____
Attended from (dates) _____

Name _____ City _____ State _____
Attended from (dates) _____

Name _____ City _____ State _____
Attended from (dates) _____

Authorization and Release of Liability

I hereby represent and warrant that the information contained in this application is correct and complete to the best of my knowledge. I authorize any references, or any other person or organization, whether or not identified in this application, to give you any information (including opinions) regarding my character and fitness for volunteer service. In consideration of the receipt and evaluation of this application by the church, I hereby release the organization with which I am applying to volunteer and all of the directors, officers, employees, agents, and volunteers, and any individual, church, denominational agency or official, reference, or any other person or organization including record custodians, both collectively and individually, whether or not identified in this application, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, relating to the obtaining, communication and use of information about me or relating to this authorization on account of compliance or any attempts to comply with this authorization, excepting only the communication of knowingly false information. I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding release, which I have read and understand. I understand that I may consult with an attorney before signing this document. A facsimile or photocopy of this authorization shall be as valid as the original. I understand that a criminal record check may be conducted on me and I consent to any such check.

I (check on of the following two options): _____ waive _____ do not waive

Any right that I may have to inspect any information provided about me by any person or organization described above. I have read and understand the above provisions, and agree to them.

_____/_____/_____
Signature Date

Return to:

**Harvest Time Church
1338 King Street
Greenwich, CT 06831
(203) 531-7778**