

People of Hope Lutheran Church
Volunteer Application Form for Those Working with At-risk Individuals

This form is to be completed for any position involving the supervision or care of minors or vulnerable adults. Ministry to our church community is deeply valued at POH. To help POH provide a safe and secure environment for our youth and vulnerable adults, we ask volunteers to complete this information.

Name: _____
Last First Middle Initial DOB

Present Address City State Zip Code

Email Phone Number

If you have lived at present address for less than one year:

Previous Address City State Zip Code

Position you are applying for: _____

Date that you started worshipping at POH: _____

Youth Volunteers Only:

School Grade

Previous School if you have attended present one for less than one year

Adult Volunteers Only:

Please list the name, address and telephone number of 3 personal references (non relatives)

The information I have given in this application is correct and complete to the best of my knowledge. I agree that false information or significant omissions may disqualify me from further consideration for service with youth or vulnerable adults and may be considered justification for dismissal if discovered at a later date. I also authorize People of Hope to contact references and to conduct background checks that could include review of personal records such as driving, police, etc. This information will remain confidential.

Signature Date

Signature Parent/Guardian Date

**People of Hope Lutheran Church
Background Check Consent Form (Adult Volunteers Only)**

I, _____ (volunteer applicant complete name), hereby authorize People of Hope Pastoral Staff and/or the Chair of the MLT to make an independent investigation of my background, references, character, past employment, education, criminal, or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information, which may be material to my qualifications as a volunteer or for employment now, and if applicable, during the tenure of my volunteering or employment with People of Hope.

I am aware that I have the right to be informed of any information gained from these reports that results in my being denied permission to serve, and to challenge the accuracy of such information by appealing to the relevant agencies.

I release People of Hope and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name.

Full name (printed): _____

Maiden name or other names used: _____

Signature: _____

Date: _____

The following are reasons why I may not be allowed to work with at-risk individuals at People of Hope Lutheran Church (denial to work with at-risk individuals is not limited to the following reasons):

- Convicted of child abuse, molestation, or sexual offense.
- Convicted of felony, except with approval by Pastoral Staff and Mission Leadership Team.
- Illness or personal history that could affect or impair working with at-risk individuals.