

PERIMETER CHURCH KIDS HOPE USA

MENTORING MINISTRY APPLICATION & SAFETY FORM



Legal name: _____
Last First Middle Nickname

Address: _____
Street City State Zip

☐ Male ☐ Female Birthday: ____ / ____ / ____ T-shirt Size: _____

Phone numbers: _____
Cell Home Work

Marital status: _____ Spouse's name: _____ Number of children: _____ Ages: _____

Present employer: _____ Phone: _____

How long have you attended Perimeter Church? _____ Are you in a small group? _____

Are you a participating member of Perimeter Church? _____ If yes, how long? _____
 If no, church of which you are a member: _____

List Perimeter Church ministries in which you are involved: _____

Why have you chosen to work with children through the Kids Hope USA Mentoring Ministry? _____

List the name and addresses of other churches you have attended regularly during the past five years: _____

List all previous church and non-church work involving children (list each church's name, address, type of work and dates): _____

Please indicate for what role you would like to volunteer:
 _____ Regular mentor (If so, please identify who you will ask to be your prayer partner): _____
 _____ Substitute mentor
 _____ Prayer partner
 _____ Occasional special projects

Please indicate the days and times you are available to give one hour:

Monday	Tuesday	Wednesday	Thursday	Friday
a.m.	a.m.	a.m.	a.m.	a.m.
p.m.	p.m.	p.m.	p.m.	p.m.

The questions below are part of the process to help provide a safe and secure environment for our children. All information is held confidential. It is our desire to work with you to find a ministry that is fulfilling and suited to your strengths and experiences.

Have you had any experiences that might make it difficult for you to minister to children at Perimeter Church? (Yes) (No)

Have you been accused or convicted of the use or sale of illegal drugs within the last 5 years? (Yes) (No)

Are you currently using illegal drugs? (Yes) (No)

Have you ever been hospitalized, treated for, or struggled with alcohol or substance abuse? (Yes) (No)

Have you ever been charged with a misdemeanor or felony? (Yes) (No)

Have you physically or sexually abused a child? (Yes) (No)

Have you ever been accused or arrested for sexual molestation or physical or emotional abuse of child? (Yes) (No)

Do you consider yourself to have been physically or sexually abused as a child? (Yes) (No)

Have you experienced any significant physical or emotional stresses within the past year, such as the loss of a parent, spouse, or child, extreme ill health, or any emotional or physical crisis? (Yes) (No)

Have you ever been charged with a misdemeanor or felony? (Yes) (No)

Are you currently engaged in any conduct or life pattern for which you are unrepentant or unwilling to stop? (Yes) (No)

Have you ever been denied legal custody of your children in any legal proceedings including divorce decrees or settlements? (Yes) (No)

Have you ever been treated for any psychiatric disorder such as depression or bi-polar disorder? (Yes) (No)

Do you have any health issues that could place the children of Perimeter Church at risk? (Yes) (No)

If you answered yes to any of the questions above, please explain. *Saying "Yes" will in not preclude you from serving unless it was determined that serving in KIDS Town would cause undue stress.*

When you are unhappy, angry or emotional about a person or circumstance, what do you do?:



Volunteer's Name: _____

REFERENCE FORM FOR VOLUNTEERS

Name	Address	City and State	Zip Code	Telephone
Personal (Friend): Email:				
Professional (Employer): Email:				
Family Member: Email:				

References Required: Each applicant must submit the names and phone numbers of at least one professional reference (if employed), one personal reference and one family member. Additional professional references may be submitted if deemed helpful by applicant in allowing Perimeter Church to determine applicant's fitness for volunteer position and qualifications. The professional references should be familiar with the quality of the individual's work. One of these references should be a person of the opposite sex.



Volunteer Statements and Agreed Code of Conduct

Please initial each of the following statements:

- _____ I declare that all statements contained in my Application and Safety Form are true. I understand that any misrepresentation or omission is cause for dismissal from any program involvement.
- _____ I understand that **my references and contacts** from prior volunteer or employment with children, students, or disabled adults may be contacted and that an appropriate **criminal background check** will be conducted. I authorize investigations of all statements contained in this application. I specifically authorize Perimeter Church to undertake a criminal background check of my past.
- _____ I understand that I must be interviewed and screened before I begin service as a volunteer in Perimeter Church children's programs or ministries.
- _____ I understand that I can withdraw from the application process at any time.
- _____ I understand that Perimeter Church has a policy of ZERO TOLERANCE FOR ABUSE and takes all allegations of abuse seriously. I further understand that Perimeter Church cooperates fully with the authorities to investigate all cases of alleged abuse. Abuse of any kind is grounds for immediate dismissal from my volunteer position, and may result in criminal charges.
- _____ I am not a pedophile or child molester. I have not perpetrated physical abuse, sexual abuse, emotional abuse or neglect against a child, student or disabled adult, and I have never been accused of these acts.
- _____ I understand and agree that false statements regarding past conduct and/or present situations may be grounds for termination of any volunteer position, and failure to reveal the contents of a sealed criminal record will result in the automatic denial of the application and opportunity to serve as a volunteer.
- _____ If accepted as a volunteer, I agree to read and abide by all Policies and Procedures provided to me by Perimeter Church.

Signature: _____ Date: _____



RELEASE

I authorize Perimeter Church to contact all individuals, organizations and references listed on this **Application and Safety Form** in order to verify the information I have provided. I agree to release from liability any person or organization that provides information related to me, including those persons I have listed as references, as well as contact persons from my previous volunteer work or employment with children.

I specifically authorize Perimeter Church to undertake a criminal background check concerning my past.

I understand and agree that any information received from the background check and application verification will not be disclosed to me except as required by law, and I hereby waive any right I may have to inspect any information provided about me by any person or organization identified by me on this form.

By signing this form, I certify and affirm that the information I have given on this form is true, complete and correct in all respects.

Signature: _____ Date: _____

VOLUNTEER PLEDGE

If I am assigned as a school volunteer, I accept the responsibility to serve in support of the educational program and supplement the work of the professional staff, under their guidance. I understand that it is important to be reliable, channel suggestions constructively, keep information confidential, and comply with school rules. As a member or regular attendee of this church, I agree to be accountable to the leadership of this church regarding my Christian life and witness according to the biblical witness of this church and in all aspects of conduct and performance related to this volunteer position.

Signature: _____ Date: _____

For Office Use Only

I have reviewed this application and have noted any missing information.

Screening Personnel Signature: _____ Date: _____