

VOLUNTEER APPLICATION

Thank you for your interest in becoming a Kid City volunteer at Holy Trinity Church. Volunteers serve in a variety of areas and are an important part of our church. The following is an application form we ask all volunteers to fill out. Please answer all of the questions as best as you can.

We understand that some of the questions are of a personal nature, but the children here at Holy Trinity Church are important. When we entrust individuals with their care, it is important that we know those who labor among us. The information contained in this application will be disclosed only to those who have genuine need to know in order to carry out their responsibilities for/in Holy Trinity Church, or as required by law.

General Information

Date Application Comple	eted:			
Birthdate:/	_/			
Name:				
Last	First	Middle Initial		Maiden Name
Address		City	State	_ Zip
Primary Phone ()		Other Phone (_)	
Occupation				
Marital Status: Single Marr	ied Divorced	Widowed	Separated	
If married, spouse's nam	ne:			
Children's names and ag	es:			
How long have you atter	nded Holy Trinity Chu	rch?		
Are you a member of Ho	oly Trinity Church? If y	yes, how long?		
Do you have any physica children's ministry?	Il limitations that need	d special arrangemen	ts in working	in the

Personal References

To be completed only if you've attended Holy Trinity Church less than 1 year AND you are not a member of Holy Trinity Church.

Name	<u> </u>	Nature of Association		
Home	e Phone () Work Phone ()		
Name	<u></u>	Nature of Association		
Home	Phone () Work Phone ()		
Perso	nal History	<i>'</i>		
screei	n our volur	re the health, safety, and security of our children, we reserve the right to steers. Please check the appropriate answers below so we may discuss how this reserving in Kid City.		
Yes	No	Health Problems: Do you have any health problems (disabilities, physical limitations, etc.) that might affect your work with children?		
Yes	No	_ Have you ever tested positive for HIV?		
Yes	No	Addictions: Have you ever had a problem with drugs, alcohol, pornography, or any other addiction, or, has anyone ever suggested that you may have a problem with any of these things?		
Yes	No	Arrest Record: Do you have an arrest record?		
	If yes, ple	ease explain:		
Yes	No	Child Abuse: Have you ever been convicted or accused of physical abuse, sexual abuse, neglect, molestation, or exploitation of a minor?		

Authenticity and Authorization

I authorize Holy Trinity Church or its representatives to make any and all appropriate inquiries regarding my background, and I release the church and its representatives from any liability which may result from such actions.

The information included in this profile is correct to the best of my knowledge.

Signature
Date
Background Check
Please go to the following link: http://www.htcchicago.org/-/background-check-volunteer Fill in your name, email address and area of ministry so that Holy Trinity Church can begin the process of a background check.
I have filled out the online form initiating a background check.
Signature
Date
Child Protection Policy
I have read and understand Holy Trinity Church's <u>Child Protection Policy</u> : http://www.htcchicago.org/hyde-park/ministries/kid-city
Signature
Date

Thank you for the part you play in making each child feel welcomed and loved. You are a valued member of the Kid City team. When you are unable to work, please contact the Director of Children's Ministry to help find a substitute to cover for you. If you are unable to fulfill your commitment or need to make a permanent change, please contact the Director of Children's Ministry.

We as leadership of Holy Trinity Church appreciate the commitment you are making. We are committed to your success in this ministry and your development in the body of Christ. If at any time you have need for support that we are not already offering, it is our desire to provide that for you in the best way we can. Thanks for your willingness to serve!

Last updated: September 2015