

**OSLC CHILD/YOUTH VOLUNTEER APPLICATION**

Name \_\_\_\_\_

Address (Street/City/Zip) \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening phone \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Length of employment at above business \_\_\_\_\_

Do you have a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, license number \_\_\_\_\_

Do you have current liability insurance? Yes \_\_\_\_\_ No \_\_\_\_\_ (list policy limits and name of carrier)

\_\_\_\_\_

Why would you like to volunteer as a worker with our children and/or youth? What activity are you planning to work with? (i.e. Sunday School, VBS, Confirmation, etc.)

\_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a crime, either a misdemeanor or a felony, for any offense involving harm or abuse of a child or youth? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain.

Have you ever been convicted of OWI (operating a motor vehicle while intoxicated) or PCS (possession of a controlled substance)? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any training or certification in first aid or CPR? Yes \_\_\_\_\_ No \_\_\_\_\_

**References: (if possible, someone who has observed you working with children)**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

If you have any personal history, including being a victim of physical or sexual abuse, and feel that it may affect your interaction with children or youth, you may wish to discuss this confidentially with the Pastor before volunteering.

\_\_\_\_\_ The information contained in the form is correct to the best of my knowledge. I authorize any references listed to provide any information regarding my character and fitness for work with children or youth. I agree to be bound by the policies of Our Saviour Lutheran Church.

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 agreement that I have read and understand.

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS CHECK

All applicants will be screened for prior offenses that could be construed as harmful to children. This includes crimes that resulted in someone's death, kidnapping, criminal sexual conduct, carjacking, committing or attempting to commit a violent crime, offenses against morality and decency, including things like prostitution, indecent exposure, disseminating obscene materials, and disseminating harmful information to minors. Also peeping, voyeurism and contributing to the delinquency of a minor. All felonies and any alcohol or drug-related violation except for misdemeanors that were committed 10 years or more ago would also be grounds for denying a volunteer application. This information will be shared only with a pastor or designee. If an application is denied because of a criminal records check, the applicant may request a review of the report.

I, \_\_\_\_\_, hereby authorize Our Saviour Lutheran Church to request the National Crime Information Center, the Wisconsin Crime Information Bureau, and the Wisconsin Department of Transportation to release information regarding any record of charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is a local, state, or national file, and including but not limited to accusations and convictions for crimes committed against minors, drug or alcohol offenses, to the fullest extent permitted by state and federal law. I do release said Our Saviour Lutheran Church from all liability that may result from any such disclosure made in response to this request.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Print applicant's full name \_\_\_\_\_

List other names under which you are known or have used (e.g., maiden name) \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth \_\_\_\_\_

Social Security number \_\_\_\_\_

Driver's license number \_\_\_\_\_ State issuing license \_\_\_\_\_

License expiration date: \_\_\_\_\_

Request sent to: \_\_\_\_\_

Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**WAIVER:** If you are employed as a professional educator or health care worker and have submitted to a criminal records check within the past 12 months, please present proof of state licensure and proof of current employment in the field. A Department of Transportation records check will still be conducted.

Verified by OSLC staff member (Name): \_\_\_\_\_ Date \_\_\_\_\_

**NOTE TO STAFF MEMBER:** Attach copies of proof of licensure and proof of current employment

## PARTICIPATION COVENANT STATEMENT

### Confidential

*(This would be given to the applicant at orientation)*

The congregation of Our Saviour Lutheran Church is committed to providing a safe and secure environment for all children, youth and volunteers who participate in the ministries and programs of this church. The following policy statements and questions reflect our commitment to preserving this church as a holy place of safety for all who enter, and as a place in which all people can experience the love of God through relationships with others.

#### **Summary of Policies:**

1. Volunteers who have been convicted of child abuse (sexual, physical, or emotional) will not be permitted to work in programs for children or youth.
2. Every volunteer must be a member or be affiliated with Our Saviour Lutheran Church for a minimum of six months before working with children or youth.
3. Volunteers must attend a policy orientation meeting or discuss policies with a staff person before volunteering.
4. Volunteers will have an understanding of the process of responding to allegations of abuse that OSLC follows and shall immediately report to their supervisor any behavior that seems abusive or inappropriate.
5. Volunteers must follow the "two adult" rule so that no adult is alone with children or youth.
6. Youth helpers (middle/high school students) must not be left solely responsible for children or other youth.

I have read The Our Saviour Lutheran Church Child and Youth Protection Policy and this Participation Covenant and I agree to observe and abide by the policies set forth in these documents.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Print full name \_\_\_\_\_