



INCARNATION
LUTHERAN CHURCH

Volunteer Information Form

Name: _____ Date: _____

Address: _____

Date of Birth: _____ Email: _____

Daytime Phone: _____ Evening Phone: _____

How long have you been a member/participant of Incarnation Lutheran Church? _____

Occupation (if employed):

Employer (if applicable):

Previous Volunteer Experience:

Special interest, hobbies and skills:

Can you make a one-year commitment to this volunteer role? _____

Do you have a valid Driver's License? _____ Any Restrictions? _____

Do you have vehicle Liability Insurance? _____

If so are you willing to provide a copy of your coverage for the files? _____

Why would you like to volunteer as a worker with children and/or youth?

What qualities do you have that would help you work with children and/or youth?

What training have you received in the care and nurture of children and youth?

In caring for children and youth, we believe it is our responsibility to seek adult staff that is able to provide healthy, safe and nurturing relationship. Please answer the following questions accordingly. Answering yes to any questions will not automatically disqualify a volunteer from working with children. Any special concerns can be discussed individually with the pastoral staff.

Have you ever been convicted of or pled guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, other crimes of violence, theft or motor vehicle violations)? Yes No.

If yes, please explain:

Your response to the following question is optional:

Have you had an experience in your life that you feel would impede your volunteer work with children and youth? Yes No

If so, do you feel comfortable explaining? Yes No

Would you like to speak to the pastor regarding this experience? Yes No

Would you be available for periodic volunteer training? Yes No

References:

Please list two personal references (people who are not related to you by blood or marriage) and provide a complete address and phone information for each.

1) Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Relationship to Volunteer: _____

2) Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Relationship to Volunteer: _____

If you have volunteered with us in the past 3 years, have you been convicted of any felonies, child abuse or added to the sex offender registry during this time? Yes No

Signature of Volunteer: _____

Date: _____