



205 W. Wall St., Algood, TN 38506  
 (Phone) 931-372-7800 (Fax) 931-372-7806

**For Office Use Only** (updated 10/13/2004)

CWA filled out \_\_\_\_\_  
 Application Processing \_\_\_\_\_  
 Application Approved \_\_\_\_\_

## Adult Volunteer Application

### Personal Data:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Church/Religious Background:

Are you a member of Trinity? \_\_\_\_\_ How long have you attended Trinity? \_\_\_\_\_

If you are not a member of Trinity, what church were you a member of? \_\_\_\_\_

Church Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How long were you there? \_\_\_\_\_ Are you in agreement with the beliefs of Trinity? \_\_\_\_\_

Date born again: \_\_\_\_\_ Date baptized in the Holy Spirit according to Acts 2:4? \_\_\_\_\_

### Ministry Opportunities:

Please check the ministry position for which you are applying or rank your top 3 choices with numbers 1-3:

- |                           |                          |                           |                             |
|---------------------------|--------------------------|---------------------------|-----------------------------|
| _____ Altar Workers       | _____ Greeters           | _____ New Identity Youth* | _____ Chi Alpha             |
| _____ Audio               | _____ Host & Hostess     | _____ Nursing Home        | _____ Single Adult Ministry |
| _____ Bookstore           | _____ Information Center | _____ Outreach Center     | _____ Kidz Church*          |
| _____ Choir/Special Music | _____ Jr. Kids Church*   | _____ Parking Lot         | _____ Usher*                |
| _____ Communion           | _____ Little Champions*  | _____ Planet 56*          | _____ Van Ministry*         |
| _____ CrossTraining*      | _____ Media – Camera     | _____ Praise & Worship    | _____ Video Display         |
| _____ Evangelism          | _____ Men's Ministry     | _____ Royal Rangers*      | _____ Women's Ministry      |
| _____ Good Grief          | _____ Missionettes*      | _____ Other _____         |                             |

List any and all previous church involvement, training, and/or educational background that would be beneficial for this position: (Use reverse side if additional space is needed.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Applicant Compliance and Pastoral Approval:

The information contained in this application is correct to the best of my knowledge. Should my application be accepted, I agree to be bound by the Constitution and Bylaws and Policies of Trinity Assembly, and to refrain from unscriptural conduct in the performance of my services on behalf of the Church.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pastoral Approval: \_\_\_\_\_ Date: \_\_\_\_\_

*\* A complete Children's Worker Application must accompany this form when volunteering in these areas.*

# **POLICY FOR SUPERVISING OF, OR THE CUSTODY OF MINORS**

**APPLICANT: Please read this cover page and retain it for your records.**

Be it resolved that we the Board of Trinity Assembly, along with the Senior Pastor, do institute the following program for current and future (volunteers or compensated persons) supervising or having custody of minors. This policy is put in place to protect the children, members, staff and Board who have been charged with the responsibility of care for minors. We do recognize our responsibility under the law to exercise reasonable care in the hiring or selection of any and all paid staff members and/or volunteers; and it is for this reason that we have adapted the following policy:

## **In regard to Volunteers:**

1. All persons approved for Children's Volunteer workers must have completed the Trinity Assembly membership class and be in good standing for at least 6 months.
2. Complete an application for Children/Youth work and sign said application with current date. He/she must also sign a request for records check authorization. This service will be provided at no charge to the applicant and will be conducted by Accufax Div., Southvest Inc.. Failure to sign said authorization would make null and void the application for Children/Youth work. All information obtained will be held in the strictest of confidence. Only persons convicted of some type of sexual offense or child abuse will be excluded from volunteer status in the minors departments. You may still serve as a volunteer in some other capacity not related to work with minors.
3. Any and all suspected violations, which are observed, of sexual misconduct or child abuse must be reported immediately to the Pastor in charge of Christian Education. All such incidents should be documented and attested to by a second party. Failure to report any such violation could subject the worker and the church to liability.
4. Trinity Assembly will provide continuing education in the sexual misconduct and child abuse areas. Any and all volunteers will be required to attend said meetings. The frequency of such meetings is said to be at a minimum of once per year.
5. A minimum of two adult supervisors will be required during any children or youth activity. This rule reduces the risk of sexual molestation, and also reduces the risk of false accusations of molestation by parents seeking a quick legal settlement.
6. If an Approved Children's Volunteer worker leaves the church for a period of time (moves, attends another church in same city, etc.) and later returns to Trinity they must complete the entire process again, starting with the completion of the church membership classes and then re-submit the proper paperwork to become an Approved Children's Volunteer.

## **In Regard to Paid Staff Members:**

1. All paid staff members are required to adhere to this policy for Minors Workers but the requirement for church membership will be waived.
2. Any failure to comply with this policy in any way could result in disciplinary action up to and including dismissal of employment.
3. A signed receipt by all Volunteer/Compensated workers will be kept on file in acknowledgment of and signifying your agreement to this policy.

# APPLICATION FOR CHILDREN / YOUTH WORK

TRINITY ASSEMBLY OF GOD, INC.  
205 W. Wall Street, Algood, Tennessee 38506

## CONFIDENTIAL

This application is to be completed by all applicants for any position (volunteer or compensated) involving the supervision or custody of minors. It is being used to help the church provide a safe and secure environment for those children and youth who participate in our programs and use our facilities. Please supply all requested information.

## CONTACT & MINISTRY INFORMATION

Today's Date \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name \_\_\_\_\_  
First Middle Last

Present Address \_\_\_\_\_  
Street Number City State Zip

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Once your application is fully approved, to which of the following ministries would you like for us to forward your approved application? If you are unsure of a specific ministry please rate your top three choices by placing 1, 2, or 3 in the blank to the left of that particular ministry.

- |                        |                             |                          |
|------------------------|-----------------------------|--------------------------|
| _____ CrossTraining    | _____ Children's Choir      | _____ Day Camp           |
| _____ Hallelujah Night | _____ KinderChurch          | _____ Little Champions   |
| _____ Ministry Truck   | _____ Missionettes          | _____ New Identity Youth |
| _____ Planet 56        | _____ Royal Rangers         | _____ Super Church       |
| _____ Usher            | _____ Vacation Bible School | _____ Van Ministry       |

## CHURCH ACTIVITY

Name of church where you are a member \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

List (name and address) other churches you have attended regularly during the past five years

\_\_\_\_\_  
\_\_\_\_\_

List all previous church work involving children or youth (identify church and type of work) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List any gifts, callings, training, education, or other factors that have prepared you for children/  
youth work \_\_\_\_\_

\_\_\_\_\_

## PERSONAL INFORMATION

Have you ever been convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor?  Yes  No.

If yes, please explain \_\_\_\_\_

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Were you a victim of abuse or molestation while a minor?  Yes  No (If you prefer, you may discuss your answer to this question with a staff pastor rather than answering it on the form.)

Do you have a current driver's license?  Yes  No Driver's License Number: \_\_\_\_\_  
State Number

Have you ever been convicted of a traffic offense?  Yes  No  
If yes, please describe all convictions for the past 5 years. \_\_\_\_\_

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## PERSONAL REFERENCES

Tips to help your application be processed more quickly:

1. PLEASE **DO NOT USE** - Former Employers, Relatives, or Trinity Assembly Church Members as references.
2. Contact your references to obtain their correct mailing information and encourage them to return the reference form they will receive as quickly as possible.
3. **BE SURE to supply name, COMPLETE mailing address (including street number or P.O. Box, city, state, and zip code), & phone number.**

**Application will not be processed without *complete* information on all 3 references.**

**Ref #1** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Ref #2** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Ref #3** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## APPLICANT'S STATEMENT

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for children/youth work. I release all such references from any liability for furnishing such evaluations to you, provided they do so in good faith and without malice. I waive any right that I may have to inspect references provided on my behalf.

Should my application be accepted, I agree to be bound by the Bylaws and policies of TRINITY ASSEMBLY OF GOD, INC. and to refrain from unscriptural conduct in the performance of my services on behalf of said church.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

422132

TRINITY ASSEMBLY OF GOD

Volunteer

### Volunteer Authorization For Release of Background Information

In connection with my application for volunteer service with TRINITY ASSEMBLY OF GOD , I authorize TRINITY ASSEMBLY OF GOD and, or, ACCUFAX Div., Southvest Inc., their agent, to solicit background information relative to my criminal record history. I understand that TRINITY ASSEMBLY OF GOD may conduct inquiries into my background that may include criminal records, personal references and other public record reports pertaining to me.

**I authorize without any reservation, any person, agency, or other entity contacted by TRINITY ASSEMBLY OF GOD or ACCUFAX Div., Southvest Inc., their agent for purposes of obtaining background report information, to furnish the above mentioned information.**

I release TRINITY ASSEMBLY OF GOD , their respective employees or ACCUFAX Div., Southvest Inc. their agent and employees and all persons, agencies and entities providing information or reports about me from any and all liability arising out of furnishing any such information or reports.

**Requested by: 422132** **PLEASE PRINT**

FULL LEGAL NAME \_\_\_\_\_ DOB \_\_\_\_\_

OTHER NAMES USED \_\_\_\_\_ SS \_\_\_\_\_

DRIVERS LIC # \_\_\_\_\_ STATE ISSUED \_\_\_\_\_

**Please note: if your address is a rural route, or post office box, we must have the City & County where your mail is delivered.**

Current Address \_\_\_\_\_ City \_\_\_\_\_ Co. \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

How long at this address? (Months/Years) \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ Co. \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

How long at this address? (Months/Years) \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ Co. \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

How long at this address? (Months/Years) \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

List all city/states resided at since age 18: \_\_\_\_\_

You may return your application by fax at:  
931-372-7806

or  
via mail to:  
Trinity Assembly of God  
205 W. Wall St.  
Algood, TN 38506

**Thank you for applying to help in the ministry at THE TRINITY ASSEMBLY OF GOD**

## ACKNOWLEDGMENT OF COPY

I hereby acknowledge receipt of a copy of the **POLICY FOR SUPERVISING OF, OR THE CUSTODY OF MINORS.** This policy has been adopted by the Board of Directors, the Pastoral Staff, and ratified by the Congregation of TRINITY ASSEMBLY OF GOD, INC., and I hereby acknowledge my agreement to abide by said policy.

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Signature

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Date

/pk  
(MSPub)  
F:TRINITY/TAMMY/CHILDRENS WORKER/CHURCH VOLUNTEER/  
CHILDRENS WORKERS/APPLICATIONS/  
CW\_APPLICATION\_2000\_PDF\_FORMAT  
2/29/96  
Revised 12/13/06