

## TEAM TRINITY ADULT VOLUNTEER APPLICATION for Children's Ministries, Youth Ministries, and Usher Ministry

### PURPOSE OF THE FORM

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 TRINITYalgood 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.*

### PERSONAL INFORMATION

Mr.  Mrs.  Ms.  Miss. Date of Birth: \_\_\_\_\_  
Full Name: \_\_\_\_\_  
Full Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Marital Status:  Single  Married  Divorced  Widowed Anniversary: \_\_\_\_\_

### MINISTRY OPPORTUNITIES

Which of the following ministries are you applying?

*If you are unsure of a specific choice, please rank your top three choices (e.g. 1, 2, 3, etc.).*

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> 931 Student Ministries (6th - 12th) | <input type="checkbox"/> Kidz Inc (Check-ins/Greeters)  | <input type="checkbox"/> Mpact Stars (3 <sup>rd</sup> -5th Girls) |
| <input type="checkbox"/> After School Program                | <input type="checkbox"/> Little Champs (Nursery)        | <input type="checkbox"/> The LOFT (2nd - 5th)                     |
| <input type="checkbox"/> conneXtions Child Care              | <input type="checkbox"/> Little Champs (age 2-3)        | <input type="checkbox"/> Trinity Tots (MDO / 0-Pre-K)             |
| <input type="checkbox"/> Elevate Kids (K-1st)                | <input type="checkbox"/> Little Champs (age 4 - Pre-K)  | <input type="checkbox"/> Trinity Trams                            |
| <input type="checkbox"/> First Responders                    | <input type="checkbox"/> Mighty Eagles (K-5th Boys)     | <input type="checkbox"/> Upward Sports                            |
| <input type="checkbox"/> Ignite (6th - 8th)                  | <input type="checkbox"/> Ministry Movers (Van Ministry) | <input type="checkbox"/> Ushers                                   |
| <input type="checkbox"/> Journey (6th - 12 <sup>th</sup> )   | <input type="checkbox"/> Mpact Praisies (K-2nd Girls)   | <input type="checkbox"/> VBS                                      |

### RELIGIOUS BACKGROUND

Have you been born again, according to John 3:3?  Yes  No Date: \_\_\_\_\_  
Have you been baptized in the Holy Spirit, according to Acts 2:4?  Yes  No Date: \_\_\_\_\_  
How long have you attended TRINITYalgood? \_\_\_\_\_

List any/all previous church involvement, training, and/or educational background that would be beneficial for this position: \_\_\_\_\_

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## PERSONAL INFORMATION

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Have you been convicted of child abuse, or a crime involving actual or attempted sexual molestation of a minor?

Yes  No

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

\_\_\_\_\_

Were you a victim of abuse or molestation while a minor?  Yes  No

*(If you prefer, you may discuss your answer with a staff pastor, rather than answering on this form.)*

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

\_\_\_\_\_

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

Have you ever been convicted of a traffic offense:  Yes  No

If yes, please describe all convictions for the past 5 years: \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of or plead guilty or no contest to any criminal offense of any kind?

Yes  No

If yes, please describe all convictions for the past 5 years: \_\_\_\_\_

\_\_\_\_\_

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## REFERENCES

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Tips to assure your application will be processed in a timely manner:

1. DO NOT USE relatives or TRINTIYalgood members as one of your three required references.
2. Contact your references to obtain their correct email address, request they watch for this item, and to encourage completing the brief form promptly.

Reference #1:

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Reference #2:

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Reference #3:

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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## VOLUNTEER AUTHORIZATION FOR RELEASE OF BACKGROUND INFORMATION

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In connection with my application for volunteer service with Trinity Assembly of God, Inc., I authorize Trinity Assembly of God, Inc. 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, Inc. 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, Inc., 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**

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### PLEASE PRINT CLEARLY

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Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Other Names Used: \_\_\_\_\_ SS#: \_\_\_\_\_

Drivers Lic. #: \_\_\_\_\_ State Issued: \_\_\_\_\_

PLEASE NOTE if your address is a post office box, we must have the city and county where your mail is delivered.

• Current Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long at this address (months/years)? \_\_\_\_\_

• Previous Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long at this address (months/years)? \_\_\_\_\_

• Previous Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long at this address (months/years)? \_\_\_\_\_

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

• List all cities/states where you have resided since the age of 18: \_\_\_\_\_

\_\_\_\_\_

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### APPLICANT COMPLIANCE & PASTORAL APPROVAL

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*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 of Trinity Assembly of God, Inc., and to refrain from unscriptural conduct in the performance of my services on behalf of Trinity Assembly of God, Inc.*

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

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

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## **APPLICANT STATEMENT**

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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 options), that may have regarding my character and fitness for children/youth/usher 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 Constitution and Bylaws of Trinity Assembly of God, Inc. and to refrain from unscriptural conduct in the performance of my services on behalf of said church.

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

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## **ACKNOWLEDGEMENT – RECEIPT OF COPY – PAGE 5**

### **POLICY FOR SUPERVISING / CUSTODY OF MINORS**

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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.

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

You may return your application by:

- fax at 931.537.3086
- delivering to the TRINITYalgood Office / Guest Services / Check-In 2
- mail to TRINITYalgood, 205 W. Wall St., Algood, TN 38506

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## **POLICY FOR SUPERVISING / CUSTODY OF MINORS**

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

Be it resolved that we the Board of TRINITYalgood, along with the Lead 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 TRINITYalgood 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. 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 minor's 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. TRINITYalgood will provide continuing education in the areas of sexual misconduct and child abuses. 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 any 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 of Supervising of, or Custody of Minors, 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 employments.
3. A signed receipt by all volunteer/compensated workers will be kept on file in acknowledgment of and signifying your agreement to this policy.