

# Volunteer Safety Training

## Singing Oaks Church of Christ

# Confidential

## Volunteer Worker

### Application Form

After reading the SOCC Policy for Preventing Children's Sexual Abuse/Molestation, please complete and sign this application. This information will be accessible only to those persons authorized by the sexual abuse policy. Thank you for helping ensure a safe environment for the children and youth of Singing Oaks Church of Christ.

**\*PLEASE PRINT\***

**CONFIDENTIAL BACKGROUND INFORMATION (For required background check)** Today's Date: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ *Cell or Work?*

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ TDL #: \_\_\_\_\_

VALID EMAIL ADDRESS FOR ONLINE TRAINING \_\_\_\_\_

List church membership within the past 5 years:

1. Singing Oaks Church of Christ Denton, TX from \_\_\_\_\_ to *present*
2. \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_
3. \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

### DECLARATIONS BY APPLICANT

1. Have you ever been arrested for, convicted of, pled guilty or no contest to, or placed on probation or deferred adjudication probation for a crime involving children or youth or of any other felony or misdemeanor other than minor traffic violations?

\_\_\_\_\_ No \_\_\_\_\_ Yes (please explain on a separate page and include arresting agency, case number, disposition of case, court and county where case was heard)

2. Is there any other fact or circumstance involving you or your background that might call into question your supervision, guidance and care of minors?

\_\_\_\_\_ No \_\_\_\_\_ Yes (please explain on a separate page)

3. Have you been affected by sexual abuse to such an extent that might preclude you from work with minors?

\_\_\_\_\_ No \_\_\_\_\_ Yes (please explain on a separate page)

I have read Singing Oaks Church of Christ's policy on sexual abuse/molestation and agree to abide by its provisions. Furthermore, I authorize the person specified in that policy to undertake a criminal background check and reference checks from previous churches listed above. I release and hold harmless from all liability any individual or entity requesting or supplying information with respect to the application.

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

**For Office Use Only (Spiritual Manna USER NAME: \_\_\_\_\_)**

**Application Status** (circle one):      Approved without conditions      Approved conditionally (see below)      Denied (see below)

**Spiritual Manna Completion Date:** \_\_\_\_\_

Reasons for conditional approval or denial: \_\_\_\_\_

\_\_\_\_\_

**Application reviewed by :** \_\_\_\_\_ **Date:** \_\_\_\_\_