



Salem Alliance Church

Youth Volunteer - Annual Update Application

555 Gaines St. NE
Salem, OR 97301
503-581-2129
www.salemalliance.org

"We exist to exalt Jesus Christ, become His fully devoted followers, and share His grace and truth with all people."

PURPOSE: To assure we have the most current information for our volunteers.

APPLICATION MINISTRY AREA: (indicate all Ministry Areas as you are applying for)

Department(s): _____ Specific Area (if known): _____

Staff Contact: (if known) _____

UPDATED GENERAL INFORMATION:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone (opt): _____

Work Phone (opt):: _____ Best time to call: _____

Are you able to take a brief call at work? Yes No

Email Address: _____

Parent (if minor) Name: _____

Work Phone: _____ Cell Phone: _____

EMERGENCY CONTACT INFORMATION:

Contact Name: _____ Relationship: _____

(H): _____ (C): _____ (W): _____

Other Contact Name: _____ Relationship: _____

(H): _____ (C): _____ (W): _____

Are there any accommodations we need to facilitate for your ministry at SAC? Yes No

If yes, please briefly describe: _____

The information that I have provided is true. I have not been convicted, charged, or accused of any crime or child abuse since my last Volunteer Application or Criminal Background Check was completed.

I agree to support Salem Alliance Church mission, values and doctrinal statement. In signing this application I recognize that by accepting a position of service I am placing myself under the authority of Salem Alliance Church Leadership. I understand that background checks will be done every two years.

Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

Relationship to Applicant: _____ [Youth Only]

****Please print, sign and return in person or via US Mail – Do not submit electronically!****