



# Salem Alliance Church

## Youth Volunteer 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 of the Application Process:

1. Provide a way for each person to find a place to serve at Salem Alliance that maximizes their individual spiritual gifts, skills and talents in ministry.
2. Provide a safe environment for volunteers to serve, learn and grow.
3. Protect minors, vulnerable adults, volunteers, and the Church when serving with these individuals.

It is our intention to build relationships with and disciple those whom we are entrusting with confidential data, finances and leadership positions. Please know that the information contained in this application will be treated with the utmost of confidentiality, respect **and shared only with the appropriate staff/ministry leader or designated volunteer for the purpose of contacting your references and processing your application.** At all times, these forms will be stored in a locked file cabinet located in a locked office. No one will have access without proper authorization.

These questions are asked to help us create an environment where people can bring their strengths to carry out our mission in a safe, and productive way. Part of this process may include a personal interview. This is **not** an employment application.

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

Department: \_\_\_\_\_ Specific Area (if known): \_\_\_\_\_

Staff Contact: (if known) \_\_\_\_\_

Department: \_\_\_\_\_ Specific Area (if known): \_\_\_\_\_

Staff Contact: (if known) \_\_\_\_\_

### GENERAL INFORMATION:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Best time to call: \_\_\_\_\_

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

### EMERGENCY CONTACT INFORMATION: (additional contact information can be listed on back)

Parent/Legal Guardian Name: First: \_\_\_\_\_ Last: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Parent/Legal Guardian Name: First: \_\_\_\_\_ Last: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

**SPIRITUAL JOURNEY:**

Whether we are devoted believers or still in the process of investigation, we all have a spiritual history. Please take a few moments to describe your journey thus far.

Describe briefly 1-3 circumstances in your life that have caused you to grow spiritually in the past year (e.g. a book you read, LIFE, small group, Bible study, birth or death of a family member/friend, etc.):

Have you accepted Jesus Christ as your personal Savior?  Yes  No

If yes, please write about when and where you received Christ as your personal Savior:

**CHURCH HISTORY/PRIOR VOLUNTEER EXPERIENCE:** Do you attend Salem Alliance Church?  Yes  No

Which of these do you currently attend? (Mark all that apply.)

The Link  Flipside  Main Worship Service  Crash  D Group  Small Group

Other, please list: \_\_\_\_\_

Have you ever worked with a ministry/ volunteer position or job involving children?

Yes  No If yes, where and what did you do?

Who was your adult supervisor? \_\_\_\_\_

What did you enjoy most about the experience?

List names of churches you have attended in the past five years (include addresses outside Salem):

Are you currently serving at Salem Alliance? \_\_\_\_\_

I want to serve in this ministry at Salem Alliance Church because:

Have you ever been involuntarily terminated from a volunteer position?  Yes  No

Have you ever voluntarily left or been asked to leave a role within an organization due to a concern regarding inappropriate conduct with minors or adults?  Yes  No

If yes to either of the two questions above, please explain:

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



### Vulnerable Populations Addendum (Youth Application))

It is our intention to build relationships with and disciple those whom we are entrusting minors (under age 18) and vulnerable adults (e.g. disabled adults, nursing home residents, shut-in, etc.). Please know that the information contained in this addendum will be treated with the utmost of confidentiality, respect **and shared only with the appropriate staff/ministry leader or designated volunteer for the purpose of contacting your references and processing your application.** At all times, these forms will be stored in a locked file cabinet located in a locked office. No one will have access without proper authorization.

**REFERENCE INFORMATION:** List three people that you know that meet the following criteria; **1.)** they are over 18 years old and are not related to you; **2.)** has known you for more than 1 year; **3.)** has a definite knowledge of your character (and spiritual life if possible); **4.)** if possible, can speak to your ability in the area of the position for which you are applying.

Name: \_\_\_\_\_ Nature of association: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Length of time known: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Nature of association: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Length of time known: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Nature of association: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Length of time known: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

**RELATIONSHIP INFORMATION:**

Please list the people who live in your home:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Other Background Information:**

Is there any fact or circumstance involving you or your background that would call into question you're being entrusted with the supervision, guidance and care of vulnerable individuals (e.g. children, elderly, etc.)?  Yes  No If yes, explain:

Where have you previously served the past 5 years, and what were the reasons your left/changed ministry areas?

What other organizations have you served in as a volunteer: (e.g. school, church, organized sports, the elderly etc.)

Have you ever been concerned that you may have an addiction to drugs, alcohol, pornography or any other addiction; or has anyone ever suggested that you may have a problem with any of the above?

Yes  No If yes, explain:

Are you currently using drugs or consuming alcohol?  Yes  No

Has there been any misuse of drugs or alcohol in your family background?  Yes  No

Has there been any abuse that was emotional, physical or sexual in nature in your family background?

Yes  No If yes to either of the three questions above, please explain on the back of this page:

The information that I have provided is true and may be verified by contacting persons or organizations named in this application, or any person or organization that may have information concerning me, or by conducting a criminal background check. I hereby release and agree to hold harmless from liability any person or organization that provides information. 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 also understand that criminal background checks will be updated every two years.

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

Parent Signature (if 17 or under): \_\_\_\_\_ Date: \_\_\_\_\_

***\*\*Please print this document, sign and return in person or via US Mail. Do not submit electronically\****

# Volunteer Profile Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Information on this page is optional but will greatly help us know your preferences for service.**

Availability for Ministry and Areas of Interests: (check all that apply)

Weekend Services:  5 pm  6:30 pm  8 am  9:30 am  11 am

Weekday Times:  Wednesday 7 pm  Other: \_\_\_\_\_

Time Commitment:

- Light (e.g. once a year)  Major (e.g. several hours weekly)  
 Moderate (e.g. once a month)  Major (e.g. major commitment seasonally)  
 Strong (e.g. weekly)  Weekends  Evenings  Weekdays

Personal Styles:

- Prefer structure  Prefer flexibility  People focused  Task focused

Age Preferences:

- Preschool  Grade School  Middle School  High School  Adults  Older Adults

Other: \_\_\_\_\_

Ministry Preferences:

- Bible Study  Children's Ministries  Community Impact  Evangelism  Guest Services  
 Family Life  Financial Issues  Life Center  Men's Ministry  Missions  
 Prayer  Recovery  Student Ministries  Technical  Visitation  
 Women's Ministry  Worship

Other: \_\_\_\_\_

If applying specifically for working in "HIS KIDS" with small children, please indicate those you are interested in serving: (check as many as apply)

- Infants:  18-24 months  2 year olds  3 year olds  4 year olds  Kindergarten

- 1<sup>st</sup> Grade  2<sup>nd</sup> Grade  3<sup>rd</sup> Grade  4<sup>th</sup> Grade  5<sup>th</sup> Grade  Children's Church

My favorite things to do with kids are: \_\_\_\_\_

Which of these activities do you especially enjoy doing with children? (Circle all that apply.)

Reading      Crafts      Puppets      Music      Games      Drama      Story telling/teaching

Are you certified in: Adult CPR?  Yes  No Infant CPR?  Yes  No First Aid  Yes  No

Please list languages skills (e.g. ASL, foreign language): \_\_\_\_\_

Have you ever taken a spiritual gifts inventory or attended SAC's Discovery Seminar?  Yes  No  
If yes, which spiritual gifts did you discover?

How do you see your specific gifts being used in the area for which you are applying to serve?

List three or more skills you have and interests or activities you enjoy:

**Employment/Occupation:** \_\_\_\_\_ Employer: \_\_\_\_\_

Part Time  Full Time  Date Started \_\_\_\_\_ Date Ended \_\_\_\_\_

Briefly describe your job:



# Criminal History Screening Consent Form and Background Statement

For Staff and Volunteers (14 through 17 years old)

### INSTRUCTIONS:

Please answer all questions on this form. Do not leave any areas blank. If information requested does not apply to you, write "NA" for not applicable or the word "none."

By providing your social security number, we will use it to ensure that we do not misidentify you. Giving your social security number on this form is voluntary. If for any reason we are unable to complete this background check, we may ask you to provide additional means of identification. Your social security number will be used only as stated above. State and federal laws protect the privacy of your records.

Falsifying or not disclosing information may result in disqualification of your application or termination of your volunteer assignment or employment. If in doubt, we suggest that you disclose and explain rather than conceal. If you answer "no" to any questions based on an "expungement," "order setting aside," or "sealing" of a record of a conviction or conditional discharge, you must personally verify with the court directly involved that the expungement, setting aside or sealing actually has taken place. An erroneous belief that a conviction has been expunged, set aside or sealed, when in fact it has not, will be deemed a false statement. If you answer "yes" to questions 1-4 listed on the back, a certified true copy of the charging instrument (e.g. criminal complaint, indictment, or citation) and the court's final judgment must accompany this application.

### COMPLETE THE FOLLOWING INFORMATION: (please print clearly)

Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_ Full Middle Name: \_\_\_\_\_

Date of Birth (MM/DD/YR): \_\_\_\_\_ Gender:  Female  Male

Social Security/Resident Alien Number (OPT.): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Drivers License/Permit/ID Number: \_\_\_\_\_ State Issued By: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Street City State Zip

Mailing Address: \_\_\_\_\_  
Street City State Zip

Number of years at current residence: \_\_\_\_\_ If less than three, state of prior residence: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Maiden/all other names previously used: \_\_\_\_\_

How long have you lived in Oregon (in years)? \_\_\_\_\_

List all states where you have previously lived and during which years: \_\_\_\_\_

DEPARTMENT SUBMITTED TO: \_\_\_\_\_

CONTINUED ON BACK...

**PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS:**

1. A. Have you ever been arrested, accused or convicted, plead guilty, plead nolo contendere (no contest), or received diversion to any felony, misdemeanor, or violation, in any municipal, justice, state, or federal court?  Yes  No  
If yes, please explain:
- B. Did you complete all court requirements (e.g. probation, community service, payment of fines, etc.)?  Yes  No  
If no, please explain:
2. Have you been arrested for a crime for which there has not been an acquittal or dismissal?  Yes  No
3. Have you ever had a stalking or restraining order placed against you?  Yes  No
4. Have you ever been charged civilly for any drug-related offense?  Yes  No
5. Have you ever been accused of, or charged with committing any act of neglecting, abusing, molesting or battering a child or adult?  Yes  No
6. Have you had any type of sexual relationship with a minor or vulnerable adult?  Yes  No
7. Have you ever been approved as a volunteer for a government agency or non-profit organization? If yes, please list:  Yes  No

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**Authorization to Release Information  
(Release from Liability and Waiver)**

To any law enforcement agencies, civil records authorities and Salem Alliance Church: I authorize you to release to Salem Alliance Church any and all information and civil or criminal records naming me, including all entries where I am named as being arrested, as a suspect, as being cited for any crime, violation, infraction or offense, or as otherwise involved or named in any report by any member agency of your organization.

The information that I have provided is accurate to the best of my knowledge and may be verified, if necessary by contacting persons or organizations named in this application, or by contacting any person or organization that may have information concerning me, or by conducting a criminal background check. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless Salem Alliance Church and employees and volunteers thereof.

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

Parent Signature (if 17 or under): \_\_\_\_\_ Date: \_\_\_\_\_

**For Church Use Only:**

Criminal History Check: \_\_\_\_\_ Date: \_\_\_\_\_