

In a brief paragraph, please outline your spiritual journey, including when you received Christ as Savior.

Have you taken any courses or received any training that would equip you for Christian ministry? Y N

If so, please list. _____

QUALIFICATION AND AVAILABILITY FOR

What causes you to desire to work with children, youth or the developmentally disabled? Include a description of any previous experience working with children, youth and/or disabled individuals.

On what date would you be available? _____

What is the minimum length of your commitment? _____

Describe any condition, preference or belief that might restrict or prevent you from performing certain activities involved in the volunteer position for which you are being considered. (i.e. lifting toddlers, handling an emergency, driving, participating in certain sports)

Describe any contagious or infectious disease or condition which could be transmitted to others in the volunteer work you would be performing for Long Hill Chapel.

What type of ministry do you prefer? *Check all categories that apply.*

AGE LEVEL

- Nursery (Infant – 24 months)
- Toddlers (2 & 3 years)
- Beginners (4 & 5 years)
- Primary (Grades K - 2)
- Juniors (Grades 3 – 5)
- Jr. High (Grades 6 – 8)
- Other _____
- Sr. High (Grades 9 – 12)

MINISTRY INTEREST

- Teaching
- Teacher Assistant
- Administration
- Music
- Disabled
- Arts & Crafts

- Games & Activities

MINISTRY AREA

- Sunday School
- Clubs
- Children's Church
- Summer Programs
- Youth Group
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LEGAL QUESTIONNAIRE

1. Have you ever been convicted of a criminal offense (felony or misdemeanor, except for minor traffic violations)? You will need to answer "Yes" if you have entered into a plea agreement, including a deferred sentence or deferred judgment arrangement, in connection with a criminal charge. **Yes No**

If you have been convicted of such an offense, please attach a statement or explanation, including nature of offense, date, court where conviction was entered, and any other relevant information.

2. Have you ever been arrested for or charged with a sexual offense, offense relating to children, or crime of violence (that is not covered in question 1 above)? **Yes No**

If you have been arrested for or charged with such an offense, please attach a statement or explanation, including nature of offense charged, date, law enforcement agency making the charge, and any other relevant information.

3. Have you ever been reported to a social services agency, law enforcement authority, child abuse registry, or similar organization regarding abuse or misconduct involving children? **Yes No**

4. Have you ever been the subject of a civil lawsuit involving sexual misconduct, sexual harassment, or other immoral behavior or conduct, involving adults or children? **Yes No**

5. Have you ever been the subject of a civil lawsuit involving sexual misconduct, sexual harassment, or other immoral behavior or conduct, involving adults or children? **Yes No**

6. Have you ever been the subject of a complaint or disciplinary proceeding against a professional license or other license held by you, including but not limited to a license to provide childcare or similar services? **Yes No**

7. Have you ever been the subject of any disciplinary action, transfer, or dismissal, or been named as a defendant in a civil or criminal lawsuit, as a result of an accident or mishap involving children? **Yes No**

8. Have you ever been subject to any disciplinary action (including discharge) or investigation by a church, religious or other organization, or by an employer? **Yes No**

If your answer to any of the questions 3 – 8 is "Yes," for each positive response, please provide the following information:

- Date and complete description of the circumstances.
- Name and address of the church, employer or other organization involved.
- Name and telephone number of a person familiar with the circumstances.

PERSONAL REFERENCES

1. Name: _____ Phone: (_____) _____ - _____

Complete Mailing Address: _____

2. Name: _____ Phone: (_____) _____ - _____

Complete Mailing Address: _____

3. Name: _____ Phone: (_____) _____ - _____

Complete Mailing Address: _____

APPLICANT'S STATEMENT

The prime objectives of Long Hill Chapel's Christian Education Department are "to bring people to a saving knowledge of Jesus Christ, to teach biblical principles emphasizing missions, and the centrality of Christ as Savior, Sanctifier, Healer and Coming King, and to equip people for evangelism and Christian service (Manual of The Christian and Missionary Alliance, 1995 Edition A7-Article II)." The same area of the Manual (A7-Article IV, Section 8) states that, "it is desirable that all teachers be members of the local church and when they are not, they must be in full harmony with the doctrines and principles of The Christian and Missionary Alliance."

The responses I have provided in completing this application form are complete, truthful and accurate.

I hereby authorize Long Hill Chapel to make inquiries concerning my background in connection with evaluating the information I have provided on this form and in the application process, including a criminal records check if deemed necessary by Long Hill Chapel. I hereby authorize all persons associated with me, including churches, employers, law enforcement, licensing and social services agencies, to release any information contained in their files or records concerning me to Long Hill Chapel and its representatives.

In consideration of the receipt and evaluation of this application form by Long Hill Chapel, I hereby release Long Hill Chapel and The Christian and Missionary Alliance and their directors, employees, agents, representatives and any other person or organization, including record custodians, that may release information concerning me, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs or family on account of inquiries concerning my background and any disclosures of information concerning me to Long Hill Chapel or The Christian and Missionary Alliance. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS OF IT, AND I SIGN THIS RELEASE AS MY OWN FREE AND VOLUNTARY ACT.

I understand that my service with Long Hill Chapel shall be volunteer service. In addition, my volunteer services shall be at-will and Long Hill Chapel shall be entitled to terminate my services at any time, with or without cause or advance notice. I understand and agree that I am not an employee of Long Hill Chapel and that I have no expectation of future employment. As a volunteer, I have no entitlement to or expectation of compensation, health insurance or other employee benefits, or unemployment or worker's compensation insurance benefits.

I affirm that I will strictly comply with all policies and procedures of Long Hill Chapel and The Christian and Missionary Alliance, including but not limited to its Child Protection Policy as presented in the publication Safe Place. If at any time I find that for any reason I am unable to support the policies, procedures, or doctrine of Long Hill Chapel or The Christian and Missionary Alliance, I will resign my volunteer position. I understand and agree that failure by me to abide by such policies and procedures may result in my immediate dismissal, or disciplinary action, all in the discretion of Long Hill Chapel. I will report any known or suspected child abuse or other violation of policy to: the Executive Pastor, the Youth Pastor, the Children's Pastor, or an Elder of Long Hill Chapel.

Applicant's Signature _____ Date _____

Applicant's Name (Please print): _____

Witness's Signature _____ Date _____

Witness's Name (Please print) _____

(For applicant's under 18 years old)
Parent's Signature _____ Date _____

Parent's Name (Please print) _____