



Assemblies of God
Northern California & Nevada District, Inc.
6051 S Watt Avenue
Sacramento, California 95829

VOLUNTEER INFORMATION

For Those Working With Minors

Each local church is responsible to screen Adults who work with minors.

Before participating in district sponsored events, each church must supply an affidavit verifying that they have completed these checks on their adult workers.

Along with this affidavit:

District Affiliated churches must supply copies of the Volunteer Application (that is supplied by the District.)

General Council Affiliated church must supply copies of a similar form they might use, or use this short-form.

Instructions to Applicant: Please complete this form:

(Please note that if the position you are applying for includes transporting minors, you may be asked to complete additional forms)

Name of Applicant: _____ Date _____

Current Church & City: _____

Pastor: _____

FOR DISTRICT'S USE ONLY

Date App Rcd: _____

Records Dept Rcd: _____

Rcd By: _____

Reviewed By: _____

PERSONAL INFORMATION

(Please Print Legibly)

Applicant's Name: _____

Street Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____ Birth Date: _____

Do you have a current driver's license? Yes No Classification: _____

Occupation: _____ Employer: _____

Work Phone: _____ Can you receive calls at work? Yes No

Marital Status: Single Married Widowed Separated Divorced Remarried

Spouse's Name: _____

Do you have any physical handicaps or conditions that would prevent you from performing certain types of activities as per the job description given to you? Yes No If yes, please explain: _____

Emergency contact person and phone number: _____

Do you have personal health and/or accident insurance Yes No

If no, please note by signing this application that you are agreeing to the following statement:

"The applicant understands that the Assemblies of God, Northern California & Nevada District Council, Inc. provides liability coverage for most District-sponsored activities. This insurance is secondary to one's own insurance coverage which is agreed as being primary. In the event of injury to a non-insured participant and in the event of a claim against the insurance carrier for the District, the applicant agrees to cover the deductible rate costs required by the insurance carrier."

Note: Conviction of a crime and/or answering yes to any of the following questions may not necessarily disqualify you for from working with minors with this District. However, providing falsified information DOES automatically disqualify you for a position as a volunteer.

Have you ever been arrested or convicted for the use or sale of drugs? Yes No

If yes to any of the above questions, please explain: _____

Have you ever been arrested for or convicted of child neglect or child abuse? Yes No

If yes, please explain: _____

Have you ever been criminally charged with, investigated for, or civilly sued for any of the following offenses: rape, sodomy, sexual abuse, sexual battery, contributing to the sexual delinquency of a minor, sexual misconduct, public indecency, or any other similar criminal (offense)? Yes No

If yes, please explain: _____

Date: _____ County and State: _____

Outcome: _____

Have you ever been arrested for or convicted for any other related offense? Yes No

If yes, please explain: _____

Are you now, or have you ever been, treated by a psychologist or doctor, been hospitalized or received prescription drugs for any emotional or mental disorder? Yes No

If yes, please explain, giving date and treating physician(s):

Other than the above matters, is there any fact or circumstance involving you or your background that would restrict your ability to supervise, guide, and care of young people? Yes No

If yes, please explain: _____

APPLICANT’S STATEMENT

The information supplied on this form is correct to the best of my knowledge.

I agreed to comply with the bylaws and policies of the Assemblies of God, Northern California and Nevada District Council, Inc., and to refrain from unscriptural conduct in the performance of my services on behalf of the church and/or District.

In signing this application, I affirm that the information I have given here is true and correct.

Applicant’s Signature

Date

CONFIDENTIAL INFORMATION

This form contains information that is confidential and may be reviewed only by the Executive Officers of the Assemblies of God, Northern California & Nevada District Council, Inc., the board of directors, or persons or committees authorized by the board of directors having authority to make personnel decisions regarding volunteers and employees. Persons who review, duplicate, distribute, or disclose any portion of this document without authorization face one or more of the following consequences: (1) Possible criminal liability, (2) Possible civil liability, (3) Possible termination of employment, if an employee, (4) Possible dismissal from any official position with the District, if a volunteer.