



Salem Alliance Church

Adult 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."

Values of the Application Process:

1. To help volunteers in "becoming His fully devoted followers" (John 13:13-17).
2. 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.
3. Provide a safe environment for volunteers to serve, learn and grow.
4. 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**. 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, and where their weaknesses will not be a hindrance to carrying 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 Ministry Areas as you are applying for)

Department(s): _____ 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: _____

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

Email Address: _____

Blog/MySpace/FaceBook: _____

RELATIONSHIP INFORMATION:

Relationship Status: Single Married Widowed Divorced Separated

Do you have any children? Yes No If Yes, how many? _____

Please list the people who live in your home:

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

EMERGENCY CONTACT INFORMATION:

Spouse (if Married): _____ Phone: _____

Other Contact Name: _____ Relationship: _____

(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. serving, scripture, sermons, books you've read, a birth or death, etc.):

Have you accepted Jesus Christ as your personal Savior? Yes No
If yes, please outline your experience when you received Christ as your Savior:

CHURCH HISTORY/PRIOR VOLUNTEER EXPERIENCE: Do you attend Salem Alliance Church? Yes No
If less than five years please list the names of all the churches you have attended:

Do you attend a Shepherding Group, or Small Group at Salem Alliance? Yes No
Which one(s) _____ How long? _____

Where are you currently serving at Salem Alliance? _____

Where have you previously served and what were the reasons you left/changed ministry areas?

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

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

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

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? No Yes

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

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

Vulnerable Populations Addendum

Name: _____ Today's date: _____

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**. 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: _____

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Home Phone: _____ Work/Cell Phone: _____

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Occupation: _____ Length of time known: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work/Cell Phone: _____

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.)? No Yes If yes, explain:

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? No Yes 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 two questions above, please explain:

The information that I have provided 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 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: _____

VOLUNTEER 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 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
- 1st Grade 2nd Grade 3rd Grade 4th Grade 5th 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 Staff and Volunteers

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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."

Providing 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. If you do provide your social security number, we will use it to ensure that we do not misidentify you. 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. (ADULTS: Backgrounds will be verified back to your 18th birthday).

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: _____

CONTINUED ON BACK

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS:

- 1. A. Have you ever been arrested, accused, convicted, or 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 yes, 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 ever been alleged to have committed any act of neglecting, abusing, molesting or battering any child or adult? Yes No

- 7. Have you had any type of sexual relationship with a minor or vulnerable adult? Yes No

- 8. Have you ever been approved as a volunteer for a government agency or non-profit organization? If yes, please list: Yes No

**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: _____

For Church Use Only:	
Criminal History Check: _____	Date: _____
Ministry Billing Code: _____	