



# Salem Alliance Church

## Confidential Volunteer Youth Application

### Application for Service

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 enable ministries to carry out their missions while protecting children, students, adults and leaders.

**Values of the Application Process:**

1. Protect minors and vulnerable adults,
2. Protect volunteers and staff,
3. Protect the Ministries,
4. Protect the Church, and
5. Provide a safe environment for volunteers to serve, learn and grow.

**Explanation:** This application will be asking some very personal and private questions. It is our intention to find out more about the people that we are entrusting with minors (*under age 18*), vulnerable adults (*e.g. disabled adults, nursing home resident, shut-in, etc.*) confidential data and finances. The information contained in this application will be treated with the utmost of confidentiality, respect **and shared only with the appropriate pastoral staff**. Our Elders have mandated strict criteria for the treatment and storage of confidential documents. At all times, these instruments will be stored under a double locked system (in a locked file cabinet located in a locked office). No one will have access without proper authorization.

The questions contained herein are not designed to offend or to pass judgment, but rather create an environment where a person’s past will not hinder the ministry in carrying out their mission in a safe, fun and productive way. If you are a person who must answer affirmatively to any of the questions on the following pages, we may contact you for a personal interview. Please be assured that answering affirmatively does not necessarily preclude you from ever serving.

This application is to be completed by all applicants for any level II volunteer position ( i.e. involving Leadership roles, interaction with minors, vulnerable adults, confidential data and finances. 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: \_\_\_\_\_

Best time to call?  Daytime  Evening  Weekends  Anytime  Other

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

Blog/MySpace/Facebook: \_\_\_\_\_

**CONTACT INFORMATION:**

Parent/Legal Guardian Name: First: \_\_\_\_\_ Last: \_\_\_\_\_  
Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Parent/Legal Guardian Name: First: \_\_\_\_\_ Last: \_\_\_\_\_  
Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Parent/Legal Guardian Name: First: \_\_\_\_\_ Last: \_\_\_\_\_  
Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Please list the people that live in your home: \_\_\_\_\_  
\_\_\_\_\_

**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, death of a family member/friend, etc.):

Have you accepted Jesus Christ as your personal Savior?  Yes  No  
If yes, please write a brief testimony about when and where you received Christ as your personal Savior:

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: \_\_\_\_\_

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

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

**MINISTRY INFORMATION:**

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 work in this ministry at Salem Alliance Church because:

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

Personal Styles:

- Likes structure
- Likes flexibility
- People focused
- Task focused

Age Preferences:

- Preschool
- Grade School
- Middle School
- High School
- Adults
- Older Adults
- 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

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: \_\_\_\_\_

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, interests or activities that you do well and enjoy:

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

List any organizations in which you have served as a volunteer: (especially when working with children like a school, church, organized sports, etc.):

Are there any particular accommodations we need to make to facilitate your ministry at SAC?

**PERSONAL/LIFESTYLE SITUATIONS:**

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: \_\_\_\_\_

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

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

**LEGAL/LIFESTYLE CONCERNS:**

Are you using illegal drugs?  Yes  No

Have you ever gone through treatment or rehabilitation for alcohol or drug use?  Yes  No

If yes, please explain:

Have you or do you consume alcohol?  Yes  No

Have you ever been accused of or convicted of any form of abuse (e.g. child or elder)?

Accused  Convicted  No Please describe:

Have you ever had a restraining order filed against you?  Yes  No If yes, please explain:

Have you ever been arrested for any reason?  Yes  No If yes, please explain

Any additional information or comments: (Optional on back)

**REFERENCE INFORMATION:**

List two adults that you know that meet the following criteria:

1. Is over 18 years old,
2. Is not related to you,
3. Has seen you around minors or vulnerable adults,
4. Has known you for more than 1 year,
5. Has a definite knowledge of your character.

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: \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge. I, the undersigned, give my authorization to Salem Alliance Church or its representatives to release any and all records or information relating to working with minors or other vulnerable individuals (e.g. elderly, disabled, etc.). The church may contact my references and appropriate government agencies deemed necessary in order to verify my suitability as a volunteer.

I agree to be bound by the bylaws and policies of Salem Alliance Church. I recognize that by accepting a position of service, I am placing myself under the authority of the church leadership. In keeping with the Salem Alliance Church risk management policies and procedures, backgrounds checks may be done every two years.

I understand that my personal information will be held confidential by the professional church staff. By signing below, I understand that false statements and misrepresentations, whether by omission or commission, and whether with intent or no intent, are cause for refusal to accept my application, or if discovered after volunteer service has begun, are cause for discipline up to and including dismissal from volunteer duties.

I authorize an investigation of all statements made by me as well as my personal character, reputation and background which may include interviews of church staff, acquaintances and references, criminal record review, motor vehicle record review or other available information.

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

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

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