

Youth Worker: _____ Today's Date _____ Picture ID Date _____ Fingerprint Date _____

FIRST

LAST

Email Address

ADULT VOLUNTEER APPLICATION FORM

for **Spanish River Church** and **Spanish River Christian School**



The information in this booklet will be held in strict confidence. Only Spanish River staff approved by the Elders or School Board may review this information. Unauthorized access or use is strictly forbidden.

PART 1: PERSONAL INFORMATION

Name	Social Security #	Date of birth
Street address <i>(if less than one year; include previous address also)</i>		
City	State	Zip
Home phone	Work phone	Cell phone
Email address		
If you have completed this form for another ministry, which ministry and when?		
How long have you attended SRC?	How many times a month do you attend?	
Are you an SRC member?	For how long?	
If not a member or an attendee of SRC, where do you attend church?		
In what capacity do you desire to offer your services as an adult volunteer within our church or school?		

PART 2: YOUR TESTIMONY

What is your understanding of how you are accepted by God?

What do you think God has given you in the way of abilities and/or spiritual gifts?

PART 3A: REFERENCE INFORMATION

List below the names and phone numbers of 2 personal references, preferably with SRC, who are well acquainted with you. Do not list relatives.

1.

2.

If you have volunteered at a church other than SRC, please give us the name and phone number of a contact person.

Have you ever been convicted of, or plead guilty or no contest to a crime other than a minor traffic violation, or are you now under charges for any criminal offense? *(A criminal conviction will not necessarily disqualify you from consideration.)*

No Yes *(please explain fully)*

Please write comments about any additional training or experience you have had that qualifies you for this volunteer position *(include any professional training, certification, experience, hobbies).*

PART 3B: ADULT VOLUNTEER'S STATEMENT

PLEASE READ CAREFULLY

In consideration of the receipt and evaluation of this application by SRC, I agree and represent that:

- The information contained in this application is correct to the best of my knowledge.
- I authorize any references, or any other person or organization, whether or not identified in this application, to give you any information (*including opinions*) regarding my character and fitness for adult volunteer service. I hereby release any individual, church, denominational agency or official, reference, or any other person or organization, including record custodians, both collectively and individually, and whether or not identified in this application, 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 compliance or any attempts to comply with this authorization, excepting only knowingly communicating false information. I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding release which I have read and understand. I understand that I may consult with an attorney before signing this document. A facsimile or photocopy of this authorization shall be as valid as the original. I further understand that a criminal records check may be conducted on me, and I consent to any such check. I understand that SRC will be required to disclose my Social Security number to conduct this criminal records check and I agree to hold SRC harmless for any invasion of privacy due to the disclosure of my Social Security number for the purpose of conducting the criminal records check. I understand that findings from the criminal records check may disqualify me from service.

I (*check one of the following two options*):

- waive do not waive

any right that I may have to inspect any information provided about me by any person or organization described above.

I have read and understand the above provisions, and agree to them.

Signature

Date

PART 4A: DRIVING AND PASSENGER POLICIES

COMPLETE THIS SECTION ONLY IF YOU WILL DRIVE A VEHICLE as part of your adult volunteer service.

(Initial boxes after reading).

- I understand that before I can drive on a field trip and/or to off-site events, I must have my driver's license and declaration page of automobile insurance recorded in the church/school office.

- I understand that findings from the MVR will disqualify me from driving for SRC.

- In keeping with the "Surgeon General's" warning that secondary smoke may be hazardous to children, and that SRC has students who have asthma and/or allergies, we ask that all persons accompanying field trips and events refrain from smoking. Churches and schools are required by law to be non-smoking zones.

- Parents attending field trips and/or off-site events are to remain with the group for the entire trip unless prior approval is given by the SRC staff in charge of the event.

- We ask that those driving on field trips and/or off-site events not make unscheduled stops such as stores, gas stations, fast food restaurants, banks, etc., unless prior approval has been given.

- Use of cell phones/texting devices/computer devices/PDA's while operating a vehicle is prohibited. If you need to receive or make a call you must pull off the road and stop your vehicle.

- Parents of those attending trips and off-site events should inform trip leaders of any special medical attention which student may require.

- All passengers are required to have an individual seat belt on at all times.

PART 4B: DRIVER INFORMATION

COMPLETE THIS SECTION ONLY IF YOU WILL DRIVE A VEHICLE as part of your adult volunteer service.

Key Point: Clearance must be obtained from the SRC insurance carrier before you drive any SRC vehicle.

Driver's license #	State of issue	Expiration date
Type of license <input type="checkbox"/> Operators <input type="checkbox"/> Commercial <input type="checkbox"/> Chauffeur <input type="checkbox"/> Other (please specify)		Date of birth
List medications presently taken:		
Do you have any restrictions on your driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please note restrictions here:		
Have you been involved in any motor vehicle accidents while driving during the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe each conviction below:		
Do you carry liability insurance on your automobile? <input type="checkbox"/> Yes Limits: Insurance Company: _____ Policy #: _____ <input type="checkbox"/> No = Do not drive as an adult volunteer. All adult volunteers must have liability insurance coverage.		
I represent that each of my responses is truthful and accurate. I agree to notify Spanish River Church within a reasonable time of any changes in any of the above information.		
_____ Signature		_____ Date

SPANISH *River* CHURCH

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