

# CONFIDENTIAL Volunteer Application for Minor (Ages 9-17)

SOUTHEAST  
CHRISTIAN

PLEASE PRINT ALL INFORMATION AND FILL OUT ALL INFORMATION REQUESTED. BE SURE TO COMPLETE AND SIGN PAGE 2 OF THE APPLICATION.

Your Ministry of interest: \_\_\_\_\_ Campus:  Blankenbaker  IN  CW  SW  LA  ET

When working in your Ministry of interest, are there any physical limitations or other conditions that would prevent you from performing certain types of activities?

Yes  No

If yes, please explain: \_\_\_\_\_

## > Personal Information

Name of Minor Applicant: \_\_\_\_\_ Maiden/Other Names: \_\_\_\_\_  
*Last First Middle Name*

Sex:  M  F Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SSN# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
*Month Day Year*

Current Mailing Address: \_\_\_\_\_  
*Street (do not use a PO Box) City State Zip*

Previous Mailing Address: \_\_\_\_\_  
*Street (do not use a PO Box) City State Zip*

Have you ever lived outside of Kentucky or Indiana?  Yes  No If so, when: \_\_\_\_\_ and what state \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Name of Parent or Guardian: \_\_\_\_\_ Parent's Email: \_\_\_\_\_

Parent's Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

## > Church History

How long have you attended services at Southeast? \* \_\_\_\_\_ Are you a member?  Yes  No

What are you participating in at Southeast? \_\_\_\_\_

If not attending Southeast, what church do you attend? \_\_\_\_\_

*\*Our policies require that anyone who wishes to volunteer with minors or disabled adults must have verifiable participation of at least six months or more at Southeast Christian Church (i.e., Small Group Bible Study or Weekend Group).*

## > References PLEASE PROVIDE THREE (3) CHARACTER REFERENCES THAT MEET ALL OF THE FOLLOWING:

- Has personally known the applicant at least FIVE (5) YEARS
- Is 18 years of age or older
- Is not a relative or a Southeast Christian Church employee (except for the SCC Youth Leader reference below)
- Does not reside at the same address as any of the other references

1. Name: \_\_\_\_\_ Relationship/Years known: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Email address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship/Years known: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Email address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship/Years known: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Email address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**FOR AGES 13-17, PLEASE COMPLETE THE ADDITIONAL REFERENCE  
FROM A SOUTHEAST CHRISTIAN CHURCH YOUTH LEADER**

Name of SCC Youth Leader: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Email address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**> Personal Background**

1. Have you ever participated in, or been accused of, convicted of, or plead guilty or no contest to abuse or any sexual misconduct, molestation, or any other sexual or assaultive crime?  
 Yes     No
2. Have you ever been counseled for any of the situations described in item one (1) above?  
 Yes     No
3. Are you aware of any traits or tendencies that you possess that could pose any threat to children, youth, or adults with disabilities?  
 Yes     No
4. Would you like a staff member to call you to discuss your answers regarding the above questions?  
 Yes     No

**NOTE: If you marked yes to question 1, you will need to talk to the Director of Security in order to be cleared to work with children at Southeast Christian Church.**

**> Applicant's Statement**

*The information contained in this application is complete and correct. Also, I confirm that my child has completed this application and wishes to volunteer and my child believes this application is complete and correct. We, the undersigned, give our authorization to Southeast Christian Church or its representatives to release any and all records and information relating to working within my child's chosen ministry of the church.*

*The church may also contact my child's references. My child and I authorize any references listed to give you any information they may have regarding my character and fitness for work within the church. On my behalf and on behalf of my child, I release all such references from liability from any damage that may result from such evaluations to you and I waive any right to inspect these references.*

*On behalf of my child, I, the parent or guardian, authorize Southeast Christian Church to perform a criminal records check now and as needed in the future to update my child's records for arrests, convictions, or other information the County Department of Corrections, the State Justice Cabinet, and any other local, state, or federal criminal enforcement agency may have regarding my child and release such information to Southeast Christian Church.*

*On my behalf and on behalf of my child, I release Southeast Christian Church and the above mentioned agencies from any liability or damages resulting from the release of this information. I waive any present or future claims of privacy resulting from the release of this information for qualifications of volunteer work at Southeast Christian Church.*

\_\_\_\_\_  
*Applicant Parent's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Applicant Parent's Printed Name*