



Volunteer Profile

Thank you for being willing to give your time and talents to help the children of The Church Within grow in Spirit! I want this to be a positive experience for you and for the families we serve. Please complete this form and return it to me as soon as possible. If you have questions, please contact me:

Email: childrenschurch@thechurchwithin.org

Phone: (home) 317-876-7222 (cell) 317-557-2823

Mary Armstrong-Smith, Children's Minister

1. CONTACT INFORMATION: Accurate information allows us to keep you up to date on Children's Church developments.

Full Name _____

Street Address _____

City, State, Zip _____

Home Phone _____ Work phone _____

Cell Phone _____ Email _____

Best days & times to contact me are: _____

Please do not call before _____ a.m./p.m. or after _____ a.m./p.m.

2. AREAS OF INTEREST: Knowing your interests and preferences will help us to use your talents in the best way possible.

Do you have a favorite age group with which you enjoy working? ___Yes ___No

If yes, what ages? _____

Do you have any special talents, hobbies, or areas of expertise you would be willing to share with the children? If yes, please tell a little about them:

2. AREAS OF INTEREST (cont.)

What interests you most about being a part of Children's Church?

What spiritual principles or lessons do you feel are most important in Children's Church?

3. EXPERIENCE: It's helpful to know about your experience (at The Church Within and elsewhere), so we can be sure to provide appropriate training and work assignments for Children's Church.

What other church(es) have you been active in? (Please include name of church and city where located)

Are you a current or former TCW Children's Church volunteer? ___no ___yes If yes, please tell a little about the ages you worked with, when you volunteered, etc.:

Have you volunteered in other ways with TCW? If yes, please tell a little about those experiences:

How long have you been attending The Church Within? _____

Please tell a little about any other experience you have in working with children, either as a volunteer, parent, or through paid employment:

4. HEALTH INFORMATION: It's important for the children and volunteers to be safe. Knowing about any medical conditions or physical limitations will help us in making appropriate work assignments and in responding properly in the event of an emergency.

Do you have any medical condition(s) or physical limitation(s) that we should be aware of (such as heart condition, diabetes, high blood pressure, epilepsy, allergies, lifting restrictions or others)? If yes, please tell a little about it:

Who should we contact in the event of an emergency?

Name: _____ Relationship to you: _____

Phone number(s): _____

5. REFERENCES AND BACKGROUND CHECK: The families of the children who attend Children's Church should feel confident in leaving their young ones in our care. For this reason, we check personal references and perform a background check on staff and volunteers.

Please list two personal references not related to you who have known you for at least two years:

1. Name: _____

Street Address: _____

City, State, Zip: _____

Phone number(s) (please specify home, work or other) : _____

2. Name: _____

Street Address: _____

City, State, Zip: _____

Phone number(s) (please specify home, work or other) : _____

Date of Birth (Month/Day/Year): _____ Social Security Number: _____

The cost of a background check is \$20. Would you be willing to donate all or part of this amount to help defray the cost to The Church Within? ___ yes ___ no

5. REFERENCES AND BACKGROUND CHECK (cont.)

Have you at any time ever:

- Been arrested for any reason? Yes No
- Been convicted of, or pleaded no contest to, any crime? Yes No
- Engaged in, or been accused of, any child molestation, exploitation, or abuse? Yes No

Are you aware of:

- Having any traits or tendencies that could pose any threat to children, youth, or others? Yes No
- Any reason why you should not work with children, youth, or others? Yes No

If the answer to any of these questions is "yes," please explain in detail: *(Please attach additional pages if more space is needed)*

6. INFORMATION RELEASE

- *I recognize that **The Church Within** is relying on the accuracy of the information contained herein. Accordingly, I attest and affirm that all of the information that I have provided is absolutely true and correct.*
- *I authorize **The Church Within** to contact any person or entity listed in this application, and I further authorize any such person or entity to provide **The Church Within** with information, opinions, and impressions relating to my background or qualifications.*
- *I voluntarily release **The Church Within** and any such person or entity listed herein from liability involving the communication of information relating to my background or qualifications. I further authorize **The Church Within** to conduct a criminal background investigation.*
- *I have carefully read the policy and procedures of the organization, and I agree to abide by these and all future policies. I agree to protect the health and safety of the children or youth at all times, and to refrain from unethical or immoral conduct in my performance of any services on behalf of the church.*

Yes, I waive my right to read information provided by my references.
 No, I do not waive my right to read information provided by my references.

Printed Name

Signature

Date