



Micah House

Volunteer Application

Chapel Oxford

Trinity
Community
High School
U of R
AR
Intern

OFFICE USE ONLY	
Today's date	_____
Start Date	_____
Background Check	<input type="checkbox"/>
Under18	<input type="checkbox"/>
Entered in DB	_____

First Name	Last Name	Birth Date (month/day)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Home Address:	City:	Zip Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Home Phone:	Cell Phone:	E-Mail Address:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Languages Spoken:	Current Employer :	Driver License #
<input type="text"/>	<input type="text"/>	<input type="text"/>

Emergency contact :

Name:	Home Phone #:	Work/Cell Phone #:	Relationship:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

References:

Name:	Home Phone #:	E-mail Address	Relationship:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name:	Home Phone #:	E-mail Address	Relationship:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Check those areas that you would be interested in serving :

Tutoring <input type="checkbox"/>	Story-Time <input type="checkbox"/>
Literacy <input type="checkbox"/>	Art/Hobbies <input type="checkbox"/>
Recreation <input type="checkbox"/>	Other _____ <input type="checkbox"/>

Check Day/s willing to serve :	Check Shift/s willing to serve :
Monday <input type="checkbox"/>	3:00 pm-4:00 pm <input type="checkbox"/>
Tuesday <input type="checkbox"/>	4:00 pm-5:00 pm <input type="checkbox"/>
Wednesday <input type="checkbox"/>	3:00 pm-5:00 pm <input type="checkbox"/>
Thursday <input type="checkbox"/>	1:30 pm-5:00 pm <input type="checkbox"/>
	When can you start? _____

Please list any skills, interests, or hobbies that you may have and would want to share with our kids:

**Please continue on back

Micah House is a faith based program. Below is an evaluation tool to identify where you are on your own spiritual journey. Everyone is in a different place in that journey, so beginning at the left, read down the list until you find the statement that best describes your current spiritual marker. (Check only one)

- | | |
|--|--|
| <input type="checkbox"/> God cannot exist | <input type="checkbox"/> I acknowledge a personal need for Jesus Christ |
| <input type="checkbox"/> There is a possibility of God | <input type="checkbox"/> I have received Salvation |
| <input type="checkbox"/> I am wondering if God can be known | <input type="checkbox"/> I am a functioning member of a local church |
| <input type="checkbox"/> The Christian church may have a way to find God | <input type="checkbox"/> I am striving to serve the Lord |
| <input type="checkbox"/> I know the basic facts of the Christian message | <input type="checkbox"/> I am leading others in the ministry of the church |

Please share briefly about your relationship with God/ Jesus Christ. If none, please state your religious beliefs:

Describe any previous experience working with kids. List organizations and responsibilities :

Required Questions:

1. Have you ever been convicted of a criminal offense (felony or misdemeanor, except minor traffic violations)?
YES NO (circle one, if yes please explain)

2. Have you ever been reported to a social services agency, law enforcement authority, child abuse registry, or similar organization regarding abuse or misconduct involving children? YES NO (circle one, if yes please explain)

3. Are there any other facts or circumstances in your or your background that would cause us to question your ability to supervise, guide and care for young people? YES NO (circle one, if yes please explain)

- I hereby authorize anyone identified in this form to release any information concerning me.
- I hereby release Trinity Community Foundation/Trinity Church from any and all liability for damages of whatever kind which may at any time result to me, my heirs, or family on account of compliance, or any attempts to comply, with any person or organization identified by me in this application.
- As a Micah House volunteer, I agree to observe all guidelines and policies including those concerning child safety and protection, sexual abuse and misconduct, and interpersonal relationships.
- I have carefully read the foregoing releases and know the contents thereof, and I sign this release as my own free act.

Signature _____

Please Print Name _____

Date _____

CONFIDENTIAL

**Trinity Church Background Check Authorization
(Form will be kept locked up at all times)**

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address _____
(Street) (City) (Zip/State)

Social Security Number: _____ Date of Birth: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize **Trinity Church** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **Trinity Church** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release **Trinity Church** the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Signature: _____ Date: _____

Ministry/Department requesting background check: **MICAH HOUSE**