



First Presbyterian Church  
VOLUNTEER APPLICATION FORM  
Children/Youth/Adult-At-Risk Programs

The congregation of First Presbyterian Church is committed to providing a safe and secure environment for all children, youth and volunteers who participate in the ministries and programs of this church. The following informational requests reflect our commitment to preserving this church as a holy place of safety for all who enter, and as a place in which all people can experience the love of God through relationships with others. Once your application is accepted, you will be requested to authorize a background check by a third-party provider.

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Please describe your past experiences working with children or youth:

Please let us know of any special skills that you would like to use in our programs:

Would you like to assist with our children in any of the following areas?

Teach/assist Sunday School \_\_\_\_\_

Song leading \_\_\_\_\_

Puppetry \_\_\_\_\_

Giving a children's sermon\_\_\_\_\_

Second Adult Presence \_\_\_\_\_

Nursery Volunteer \_\_\_\_\_

Directing skits \_\_\_\_\_

Set & prop construction\_\_\_\_\_

Would you like to assist with our youth in any of the following areas?

Chaperone (daytime) \_\_\_\_\_

Chaperone (mission trip) \_\_\_\_\_

Teach \_\_\_\_\_

Chaperone (overnight) \_\_\_\_

Driver \_\_\_\_\_

Other \_\_\_\_\_

What ages do you prefer to work with? Middle school -or- High school

1. As a volunteer for children and youth, do you agree to observe the terms of the Child and Youth Protection Policy and sign our "Code of Conduct for Volunteers and Staff with Children or Youth"?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. Do you have any training or certification in first aid or CPR?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe

\_\_\_\_\_

3. Are you willing to attend an orientation? (For office use only) Date of Orientation \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_

4. (For office use only) Date background check received:

\_\_\_\_\_

Driving our Children - Please answer the following questions if you will be providing transportation for our children or youth:

5. Do you have a valid Driver's License?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, license number \_\_\_\_\_

6. Do you have current collision/liability automobile insurance?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Insurance Company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_