

# PARMA LUTHERAN CHURCH

## Volunteer Application

### INFORMATION

NAME (LAST)	(FIRST)	(MIDDLE)	DATE OF BIRTH
ADDRESS	CITY	STATE	ZIP CODE
HOME PHONE	CELL PHONE	BEST TIME TO CONTACT	
EMAIL			
VOLUNTEER POSITION CONSIDERING			
WHAT DAYS/HOURS ARE YOU AVAILABLE TO WORK?			
IN CASE OF EMERGENCY NOTIFY	PHONE		

### VOLUNTEER EXPERIENCE

HAVE YOU EVER VOLUNTEERED IN THE PAST? WHERE?			
JOB POSITION	START DATE	END DATE	SUPERVISOR
JOB POSITION	START DATE	END DATE	SUPERVISOR
SPECIAL INTERESTS AND HOBBIES			
WHY WOULD YOU LIKE TO VOLUNTEER WITH CHILDREN AND YOUTH? HOW ARE YOU GIFTED TO SERVE IN THIS MINISTRY?			

**REFERENCES:** Please list three people unrelated to you, who have known you for at least two years.

NAME	PHONE
ADDRESS	
NAME	PHONE
ADDRESS	
NAME	PHONE
ADDRESS	

## APPLICANT STATEMENT OF NON-CONVICTION

I certify that this volunteer application was completed by me and that all of the information on this application is true and correct to the best of my knowledge. I hereby attest that I have never been convicted of our pleaded guilty to crimes set forth in divisions (A)(8) or (A)(9) of section 109.572 or division (A)(1) of 5104.09 of the Ohio Revised Code and that no child has been removed from my home as described in section 2151.353 of the Ohio Revised Code. I understand that any falsification, misrepresentation, or omission of facts called for herein will result in my disqualification from further consideration as a volunteer.

PRINT NAME	
SIGNATURE	DATE

***Thank you for completing this application!***

**NEXT STEPS:** (Items in gray are for office use only.)

- Volunteer Screening Interview:** Please list a few good times: \_\_\_\_\_

Scheduled for: \_\_\_\_\_ Date completed: \_\_\_\_\_

- Background Check:** Please fill out the permission form attached.

Date Check Done: \_\_\_\_\_ Results: \_\_\_\_\_

- Safeguarding God's Children Course:** Have you taken this course before? \_\_\_\_\_

If yes, when? \_\_\_\_\_ Location: \_\_\_\_\_

Scheduled for: \_\_\_\_\_ Date completed: \_\_\_\_\_

**REFERENCE CHECKS:**

- Reference #1 Contact Notes:** \_\_\_\_\_ Date completed: \_\_\_\_\_

Follow Up Notes: \_\_\_\_\_

- Reference #2 Contact Notes:** \_\_\_\_\_ Date completed: \_\_\_\_\_

Follow Up Notes: \_\_\_\_\_

- Reference #3 Contact Notes:** \_\_\_\_\_ Date completed: \_\_\_\_\_

Follow Up Notes: \_\_\_\_\_

# PARMA LUTHERAN CHURCH

5280 Broadview Road / Parma, Ohio 44134 / 216.351.6376

## BACKGROUND INVESTIGATION CONSENT

I, \_\_\_\_\_(applicant complete name), hereby authorize PARMA LUTHERAN CHURCH and/or its agents to make an independent investigation of my background, references, character, past employment, driving, credit, civil, education, criminal, or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information, which may be material to my qualifications as a volunteer or for employment now, and if applicable, during the tenure of my volunteering or employment with PARMA LUTHERAN CHURCH.

I release PARMA LUTHERAN CHURCH and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name, and all information is true and correct to the best of my knowledge.

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Full name (printed)

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Signature

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Date