

**Children of the Valley After School Program
Volunteer Application**

Full Legal Name: _____
(First) (Middle) (Last)

Date of Birth: _____
(Month/Day/Year)

Address: _____
(Street) (City) (State) (Zip)

Home Phone: _____ Work Phone: _____

E-mail address: _____ Male: _____ Female: _____

Current employment: _____
(Employer's Name) (Phone)

Driver's License: _____ Car: _____
(Address) (Make) (Model) (Year)

Insurance Company: _____
(In the event you are transporting children in personal vehicle)

Notify in case of emergency: _____
(Name) (Phone)

Personal References:
1. _____
(Name) (Address) (Phone)
2. _____
(Name) (Address) (Phone)

Are you CPR and First Aid Certified? YES _____ NO _____ If yes: Expiration Date: _____

The safety of the young people we serve is a primary concern.
All volunteers will be subject to a criminal background check.

I certify that the information supplied above is correct and accurate to the best of my knowledge. I also give permission to contact references and complete a criminal background check.

Signature: _____

Print Name: _____

Date: _____

Office Use Only: Date Received _____ Entered in Database _____
Training Scheduled _____ Training Complete _____ Background Check Complete _____
Volunteer Assigned _____ Volunteer Not Accepted _____ Application Withdrawn _____

NOTES:

Children of the Valley
Volunteer Application Questionnaire

*Please answer the following questions the best you can. This will assist us
in developing our volunteer schedule! Thank you!

NAME: _____

1. Circle the days you would like to volunteer:

Monday Tuesday Wednesday Thursday Friday

2. How many times a month: _____
(If you would like a specific week or month, please write it down.)

3. Program schedule:

Daily Schedule:

2:00-Snack preparation
2:45-3:30 Children arrive/Snack
3:30-4:00 Organized Group Games
4:00-4:30 Reading
4:30-5:30 Homework
5:30-6:00 Enrichment Activities

Times of day available: _____

Please mark what area you would like to volunteer (you may mark more than one):

_____Snack/Cooking _____Reading/Homework _____Arts/Crafts
_____Sports/Games _____Indoor/Outdoor Activities _____Office Help

4. Do you have a specific arts and crafts activity you would like to lead with the children: _____ (ie: painting, ceramics, drawing, holiday art project, etc)
_____ I do not have a specific project; I will lead a project planned by the staff.

5. Will you need us to provide the supplies? YES or NO If yes, list the specific supplies you will need: _____

6. Do you have a specific physical recreation activity you would like to lead?

_____ (ie: soccer, basketball, football, obstacle course, jump rope, etc)
_____ I do not have a specific activity; I will lead an activity planned by the staff.

7. Will you need us to provide the supplies? YES or NO If yes, list the specific equipment you will need: _____

8. Please list any other ideas, suggestions, or comments:

**APPLICATION FOR CHILDREN/YOUTH WORK
BETHANY COVENANT CHURCH**

Every person involved or desiring to be involved in children or youth work at Bethany Covenant Church must complete an application which includes some key background and experience questions, as well as requests permission to obtain a national criminal records check for that individual. Individuals who refuse to complete the background check requirements or do not receive a cleared background check will not be permitted to work with children or youth at BCC. After the initial criminal history background check (both state and national level background checks), criminal history background checks will be conducted every two years through the Washington State Patrol.

LAST NAME FIRST NAME MIDDLE NAME FORMER LAST NAME(s)

CURRENT STREET ADDRESS CITY STATE ZIP

HOME PHONE EMAIL ADDRESS

DATE OF BIRTH SOCIAL SECURITY NUMBER DRIVER'S LICENSE NUMBER

Have you ever been convicted of a criminal offence (excluding minor traffic violations)? If so please explain.

Has it ever been alleged that you have physically or sexually abused a child under the age of 18? _____

Have you worked or volunteered with children/youth at a previous church/organization? _____

Please list those churches or organizations.

CHURCH OR ORGANIZATION CONTACT PERSON PHONE NUMBER

I certify that the above information is true. I understand that any misstatement or material omission from this application may result in my disqualification from consideration for a volunteer or paid position with children or youth at Bethany Covenant Church.

I authorize Bethany Covenant Church and its representatives to perform any necessary background checks in connection with this application including a National Criminal Background Check, a Washington State Patrol check, and contact with prior churches I have served.

I also give permission to Bethany Covenant Church to run a background check through the Washington State Patrol on a two-year basis as long as I am volunteering or employed at Bethany.

SIGNATURE _____ DATE _____