

# VIENNA PRESBYTERIAN CHURCH Ministry Volunteer Application Form

**This application is to be completed by all volunteers who desire a ministry position involving the supervision or custody of children (anyone under the age of 18). This form is being used to help the church provide a safe, nurturing, Christian environment for the children who participate in our programs and use our facilities.**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

How long at this address? \_\_\_\_\_ if less than 2 years, give previous address and length of time

Previous Address \_\_\_\_\_ Years: \_\_\_\_\_

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

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

How long have you been attending VPC? \_\_\_\_\_ Are you a member? Yes \_\_\_\_\_ No \_\_\_\_\_

If applicable, list the name and address of other churches you attended regularly during the past 5 years

\_\_\_\_\_  
\_\_\_\_\_

Please list any VPC ministries in which you are or have been involved with over the past 5 years.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any leadership/volunteer experience you have with children.

\_\_\_\_\_  
\_\_\_\_\_

Please list any talents, training, education, etc. that would help enrich the lives of children \_\_\_\_\_

\_\_\_\_\_

Grade Preference:

Birth – 4 yrs \_\_\_\_\_ 5 – 8 yrs \_\_\_\_\_ 9 – 14 yrs \_\_\_\_\_ 15 – 18 yrs \_\_\_\_\_

NOTE: THIS INFORMATION TO BE USED ONLY AS STATED IN POLICY

Social Security \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Have you ever been charged or convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Have you ever been convicted of, pled guilty or no contest to any traffic violations in the last five years? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

**PERSONAL REFERENCES**

GIVE THE NAMES AND ADDRESSES OF PEOPLE WHO ARE NOT RELATIVES, WHO HAVE KNOWN YOU FOR AT LEAST ONE YEAR. AT LEAST ONE REFERENCE MUST BE SOMEONE OUTSIDE VPC

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TEL.# \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TEL.# \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TEL.# \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TEL.# \_\_\_\_\_

**APPLICANT'S STATEMENT**

The information provided in this application is correct and complete to the best of my knowledge. I authorize VPC to contact the churches and references provided to give you information regarding my character and ability to work with children. I also authorize a criminal background investigation be conducted on me. I understand that the background check is subject to the Fair Credit Reporting Act and the proper procedures will followed.

Should my application be accepted, I agree to follow the Child Protection Policy and to refrain from inappropriate conduct in the performance of my services on behalf of VPC. I understand that any violation of this policy, including the Code of Conduct, may result in my termination of volunteer service with children.

I acknowledge that I have read the VPC Child Protection Policy and have received a copy for my personal use.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(PLEASE ATTACH A PHOTOGRAPHIC IDENTIFICATION, e.g., copy of driver's license)

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Vienna, VA 22180  
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703-938-8264 FAX