

## VOLUNTEER APPLICATION 2023-2024 School Year

*These policies have been established to provide a safe and secure environment for the youth we serve at Good Shepherd, and to protect our youth workers from unfounded accusations and lawsuits.*

Last Name: \_\_\_\_\_ Proper First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Email: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

For what are you volunteering? \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer \_\_\_\_\_

Current job responsibilities: \_\_\_\_\_

Current job schedule: \_\_\_\_\_

Previous work experience: \_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_ License number: \_\_\_\_\_

Do you have liability insurance? (Please list policy limits and name of carrier – **needed if you plan to drive for activities.**)

Have you ever been charged, convicted of, or pled guilty to a crime, either a misdemeanor or felony (including but not limited to drug-related charges, child abuse, other crimes of violence, theft, or motor vehicle violations)? This does not including speeding tickets, parking tickets, 'fix it tickets', etc. \_\_\_\_\_

If yes, please explain fully:

I have read, understand, and agree to abide by the following:

- a) No called or hired person, or volunteer youth worker or chaperone will be alone with a youth or group of youths, at any time, out of the view of others.
- b) All youth activities will have a minimum of two adults present with the participants at all times. The only exception is transportation to and from the activity and then, only when absolutely necessary.
- c) All youth care activities and situations will have a minimum of two adults present at all times. The only exception will be youth sports activities in full view of the public.
- d) All youth activities conducted off of church property will have a minimum of two adult present at all times. The only exception will be youth activities and sports conducted in full view of the public.
- e) I will follow the COVID safety measures as outlined in the Return to School document found on the school website or you may obtain a copy in the office.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Background check completed: \_\_\_\_/\_\_\_\_/\_\_\_\_