



## CONFIDENTIAL APPLICATION FOR VOLUNTEERS/STAFF

This application is being used to help LifeBridge Community provide a safe and secure environment for everyone, child or adult, who participates in our programs.

### VOLUNTEER INTEREST

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Elementary Group | <input type="checkbox"/> Middle School Group     | <input type="checkbox"/> High School Group         | <input type="checkbox"/> Special Needs Helper |
| <input type="checkbox"/> General Staff    | <input type="checkbox"/> Board of Directors      | <input type="checkbox"/> Internal Security         | <input type="checkbox"/> Homework Assistant   |
| <input type="checkbox"/> Cook             | <input type="checkbox"/> Back-sack Ministry      | <input type="checkbox"/> Bus Driver                | <input type="checkbox"/> Mentor               |
| <input type="checkbox"/> Tutoring         | <input type="checkbox"/> Transportation Provider | <input type="checkbox"/> Parent-School Coordinator |   |
| <input type="checkbox"/> Other _____      |  |  |   |

### GENERAL INFORMATION

- Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_
- Maiden/Alias Names / \_\_\_\_\_ ■ Date of Birth \_\_\_\_\_ SSN. \_\_\_\_-\_\_\_\_-\_\_\_\_\_
- Address \_\_\_\_\_
- City \_\_\_\_\_ ■ State \_\_\_\_\_ ■ Zip \_\_\_\_\_ ■ County \_\_\_\_\_
- Home Phone \_\_\_\_\_ ■ Work Phone \_\_\_\_\_ ■ E-Mail \_\_\_\_\_
- Marital Status  Single  Married  Widowed  Divorced ■ Spouse's Name \_\_\_\_\_
- Number of Children \_\_\_\_\_ ■ Ages \_\_\_\_\_
- Emergency Contact and Phone \_\_\_\_\_
- Have you lived at your current address for less than two years  Yes  No If yes, dates \_\_\_\_\_  
If yes, previous address and county \_\_\_\_\_

### BACKGROUND INFORMATION

- Do you regularly attend Church?  Yes  No If yes, where? \_\_\_\_\_
- Do you have a personal relationship with Jesus Christ?  Yes  No
- In what areas of service to children have you been involved and/or what areas are you presently involved?  
Past: \_\_\_\_\_  
Present: \_\_\_\_\_

## REFERENCES

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

## EMPLOYMENT

■ Present Employer \_\_\_\_\_ ■ Supervisor \_\_\_\_\_

■ Phone \_\_\_\_\_ ■ Address \_\_\_\_\_

■ City \_\_\_\_\_ ■ State \_\_\_\_\_ ■ Zip \_\_\_\_\_ ■ County \_\_\_\_\_

■ Position(s) Held \_\_\_\_\_ ■  Full -Time  Part -Time

■ If you have been employed at this position for less than 2 years, please provide previous information.

■ Previous Employer \_\_\_\_\_ ■ Supervisor \_\_\_\_\_

■ Phone \_\_\_\_\_ ■ Address \_\_\_\_\_

■ City \_\_\_\_\_ ■ State \_\_\_\_\_ ■ Zip \_\_\_\_\_ ■ County \_\_\_\_\_

■ Position(s) Held \_\_\_\_\_ ■  Full -Time  Part -Time

## PERSONAL INFORMATION

■ Have you ever been convicted or pleaded guilty to a crime?  Yes  No If yes, explain.

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

■ Have you ever been hospitalized, treated for, or struggled with alcohol or substance abuse?  
 Yes  No If yes, explain.

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

■ Have you ever been accused, charged, or alleged to have, or have you ever committed any act of neglecting, abusing or molesting any child?  Yes  No If yes, explain. \_\_\_\_\_

\_\_\_\_\_

■ Do you have any health issue(s) that could affect your ability to work with children?  Yes  No If yes, explain.

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

## BACKGROUND INQUIRY RELEASE AUTHORIZATION

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Gender  M  F

As an applicant for employment or volunteering with **LifeBridge Community Inc.**, I voluntarily and knowingly authorize the LifeBridge Community, Inc. and/or their representatives to explore and obtain pertinent personal background information concerning my consumer credit reports, criminal history information, motor vehicle records, previous employer verifications, education verifications, worker's compensation reports, and other information. This information will be procured from public and private sources to determine my character, work performance, and experience as they affect the LifeBridge Community, Inc. and position I am applying for.

I further voluntarily and knowingly authorize each and every present and previous employer or supervisor, college, university, or other educational institution, finance bureau/office, credit bureau, collection agency, private business, personal reference, and other persons to provide to the above mentioned LifeBridge Community, Inc. and/or representatives information concerning my credit, criminal history, health, character, employment, and other pertinent information consistent with the position I am applying for.

I voluntarily and knowingly and unconditionally release any named or unnamed reporting party from any and all liability resulting from the furnishing of any information to either the Employer or its authorized agent.

I understand that if information provided by these reports is detrimental in nature and will be used in making the decision to deny me volunteering/employment, that before the adverse decision is final, I will be provided a copy of the report, the name of the recording agency, and a written description of my rights under the law. I further understand that I have the right to request in writing the nature and the scope of the investigation. Such disclosure will be made by the LifeBridge Community, Inc. within 5 days of my request.

Should my application be accepted, I agree to follow the policies of LifeBridge Community and to refrain from unscriptural conduct in the performance of my services on behalf of LifeBridge Community. I understand that the personal information will be held confidential and secure by the LifeBridge Community staff. Applications received from anyone under the age of 18 (minors) will be held to a lower standard of background check, but will receive increased supervision. References from minors must be 18 years old or older. Service and background checks for minors must be authorized by a parent or guardian through the signature below.

We frequently photograph activities and use these photos to promote our ministry.

\_\_\_\_ Yes, you may use a photograph of me in publications or videos.

\_\_\_\_ No, I prefer not to have my photograph used.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Return to:

LifeBridge Community  
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Indianapolis, IN 46247  
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