

LEFC KIDSAFE VOLUNTEER APPLICATION

GENERAL INFORMATION:

Name: _____ Gender: M F

Home Phone: _____ Cell Phone: _____ LEFC Box #: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Date of Birth: _____

LEFC Church Member? Yes No

How long have you been attending? _____

Status: Married Single Youth/Student

Name of spouse _____

Names & ages of children: _____

Occupation/Employer: _____

Why are you taking this course? _____

CHURCH HISTORY

1. Church name: _____ Phone number: _____

Address: _____

City: _____ State: _____ Zip: _____

Attended from: _____ to: _____

2. Church name: _____ Phone number: _____

Address: _____

City: _____ State: _____ Zip: _____

Attended from: _____ to: _____

PRIOR CHILDREN/YOUTH WORK:

List all previous church work involving children/youth.

Church's Name: _____

Contact person: _____

Phone number: _____ E-mail: _____

Address: City _____ State _____ Zip _____

Duties performed: _____ Dates: _____

Church's Name: _____

Contact person: _____

Phone number: _____ E-mail: _____

Address: City _____ State _____ Zip _____

Duties performed: _____ Dates: _____

List all previous non-church work involving children/youth.

Organization's Name: _____

Contact person: _____

Phone number: _____ E-mail: _____

Address: City _____ State _____ Zip _____

Duties performed: _____ Dates: _____

Organization's Name: _____

Contact person: _____

Phone number: _____ E-mail: _____

Address: City _____ State _____ Zip _____

Duties performed: _____ Dates: _____

List any gifts, calling, training, education or other factors that have prepared you for children or youth work:

The information contained in this application will be kept confidential, but will be disclosed only to those who have a genuine need to know in order to carry out their responsibilities for/in Lancaster Evangelical Free Church, or as required by law.

If you answer “yes” to any question from 1-6, please explain on a separate sheet.

1. Have you ever participated in, been accused, founded or unfounded, convicted, pleaded guilty to, or no contest to abuse for any sexual misconduct?
 Yes
 No
2. Have you ever participated in, been accused, founded or unfounded, convicted, pleaded guilty to, or no contest to child abuse or a crime involving actual or attempted sexual misconduct or sexual molestation of a minor?
 Yes
 No
3. Have you ever been convicted of, pleaded guilty to, pleaded no contest to, or been charged with a criminal offense of any kind?
 Yes
 No
4. Are you currently under a charge or have you ever been convicted, guilty of, or pleaded guilty to possession/sale of controlled substances or of driving under the influence of alcohol?
 Yes
 No
1. Are there any circumstances or patterns in your life which would make it inappropriate for you to serve with minors or would compromise the integrity of Lancaster Evangelical Free Church?
 Yes
 No
2. Has there been alcohol, drug, physical, or sexual abuse in your personal or family background?
 Yes
 No
3. As a church volunteer, do you agree to observe all church policies regarding working with children and youth?
 Yes
 No

**If you prefer, you may discuss your answer in confidence with the KidMin staff rather than answering it on this form. Answering “yes” or leaving the question unanswered will not automatically disqualify an applicant for children or youth work. **

KIDSAFE RESPONSE FORM

- | | |
|--------------------------|--|
| YES | NO |
| <input type="checkbox"/> | <input type="checkbox"/> I have attended the KidSafe class taught by a qualified individual |
| <input type="checkbox"/> | <input type="checkbox"/> I have received a copy of the KidSafe presentation and understand the reporting procedures. |
| <input type="checkbox"/> | <input type="checkbox"/> I have turned in a completed Pennsylvania Child Abuse History Clearance form
(this step is not required of volunteers under the age of 18) |
| <input type="checkbox"/> | <input type="checkbox"/> I authorize LEFC to use my information to complete all background check clearances, including Pennsylvania Child Abuse History Clearance, Pennsylvania State Police Criminal Record Check, National Criminal Record Check, and the National Sex Offender Registry** |

Once processed, the Pennsylvania Child Abuse History Clearance will be sent to your home address. This usually takes 6-7 weeks. When you receive it, please put the original (or a copy) in the LEFC mailbox of Deanna Heilman, or drop off at the LEFC office during regular office hours. **You will not be considered "KidSafed" until this final step is completed!** If you have any questions, please call or e-mail Deanna Heilman (626-5332 ext. 16 or heilman@lefc.net).

Having completed this program, I will uphold and faithfully comply with the procedures of the KidSafe program.

Volunteer Signature

Date

Printed Name (and name of parents if under the age of 18)

OUR COMMITMENT TO VOLUNTEERS

Acting as representatives for the LEFC staff, we commit to the following responsibilities:

- ❖ Be available to provide loving support, encouragement and counsel.
- ❖ Provide suitable supplies, environment and equipment.
- ❖ Promote a shield of safety for both kids and volunteer staff.

Director of the Kids' Ministry

Date

Office Use Only

Reference 1:

Reference 2:

Comments:

**Learning Station volunteers are required to pay for their own clearances.

- \$20 for those who have only lived in Pennsylvania since 1975
- \$29 if you have lived out of Pennsylvania since 1975