

Volunteer Application for Minors

Information contained within this form will remain confidential and will be disclosed only to those individuals needing to know in order to carry out their responsibilities for The Chapel, or as required by law. Please fill out this form as accurately and honestly as possible and return it to your ministry leader.

Name:			Date of Birth:			
Last	First	Mid	dle			
Address:Street Ad	dress	City	State	Zip Code		
			E-mail address:			
Cell Phone: ()						
Father's/Legal Guardian	's Name:					
Cell phone: ()			E-mail address:			
Mother's/Legal Guardia	n's Name:					
			E-mail address:			
School you attend:						
Current Grade:			Current Age:			
Please list all ministry(s) y	vou are current servi	ng in:				
Please list all ministry(s)	you wish to serve in:					
MINISTRY INFO						
Campus:	Chape	l Staff Member Req	uesting Application:			
Submitting application fo	or: 🗆 Children's Min	istry 🗆 Facilities	☐ First Impressions ☐ Stud	dents		
□ Weekend Experience (Tech) □ Worship □ Other:						
Area you are serving in	ministry(s):					

*COMPLETE THE <u>PERSONAL INFORMATION</u> (this page) SECTION BELOW ONLY IF YOU ARE VOLUNTEERING TO SERVE IN TGA, THE ZONE, THE EDGE OR ANY OTHER MINISTRIES THAT SERVE AROUND OTHER MINORS (AGE 0-18).

PERSONAL INFORMATION

The following information is very personal. Please know that this information will remain confidential and will be considered in light of the life-changing and healing power of Jesus Christ. An answer of "yes" on any question will not automatically disqualify you from volunteering. We desire to be as informed as possible about each volunteer and understand how God has worked in your personal life. Thank you for your vulnerability.

1.	Have you ever been convicted or pleaded guilty to a crime (except minor traffic violations)?
	☐ Yes ☐ No
2.	Have you ever been convicted, accused of, or have you ever committed any act of physical abuse, sexual abuse, neglect, molestation, or exploitation of a minor?
	☐ Yes ☐ No
3.	Is there alcohol abuse, drug abuse, physical or sexual abuse in your family background?
	☐ Yes ☐ No
4.	Is there currently any physical abuse, neglect, alcohol or drug abuse in your life or home?
	☐ Yes ☐ No
5.	Have you or anyone else ever been concerned that you may have an addiction to drugs, alcohol, pornography or any other addiction?
	☐ Yes ☐ No
6.	The Chapel has a policy against volunteers using illegal drugs, abusing prescription medication and/or alcohol, and knowingly having access to any form of pornography. Do you have any habits or tendencies that will undermine your ability to follow this policy?
	☐ Yes ☐ No
7.	Have you ever been treated for a psychiatric disorder?
	☐ Yes ☐ No
8.	Are there any circumstances or patterns in your life which would make it inappropriate for you to volunteer or whi would compromise the integrity of The Chapel?
	☐ Yes ☐ No
lf y	you answered yes to any of these personal information questions, please explain:
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BACKGROUND II	NFORMATION					
Do you regularly attend The Chapel's weekend service? If yes, since when?			□ TGA	☐ The Zone	☐ Main Service	
2. Do you have past v	volunteer experience? lease list what:		□ Yes	□No		
	erience gained at The Chape ease list what church/school		□ Yes	□ No		
4. Have you committee	ed to trust and follow Jesus a	s your personal L	ord and Savi	or?		
☐ Yes	□ No □ Not	sure				
RECOMMENDATI	ION					
I would recommend th	is student to volunteer his/he	er services to The	Chapel.			
☐ Family Friend	☐ Youth Leader	☐ Youth Pastor		Teacher		
Comments:						
Print Name:						
Cell phone: ()_	phone: () E-mail address:					
Signature:			Date:			

By signing below, I am verifying the following: 1. I agree and am willing to abide by The Chapel's statement of faith while serving in any ministry at The Chapel (statement of doctrine in The Chapel Volunteer Handbook). Yes	APPLI	CANT'S STATEMENTS			
2. I acknowledge that I have received a copy of The Chapel's Volunteer Ministry Handbook (available at www.chapel.org) Yes		I agree and am willing to abide by The Chapel's statement of faith while serving in any ministry at The Chape			
Yes		☐ Yes ☐ No			
I acknowledge that I have read this handbook and agree to follow the policies. I agree to implement the policies at all times while serving as a volunteer at The Chapel. If for any reason I cannot implement or follow these policies I will immediately discuss.	2.				
policies at all times while serving as a volunteer at The Chapel. If for any reason I cannot implement or follow these policies I will immediately discuss. I have already read the policies and agree to follow them		☐ Yes ☐ No			
3. I affirm that the information contained in this application is true and correct to the best of my knowledge. Applicant's signature:		policies at all times while serving as a volunteer at The Chapel. If for any reason I cannot implement or follow			
Applicant's signature:		\Box I have already read the policies and agree to follow them			
 Parent/Legal Guardian must sign Minor Applications I affirm that the information contained in this application is true and correct to the best of my knowledge. I give permission, if necessary, for The Chapel personnel/ministry leaders to contact any references given, as well as church leadership. I authorize the release of the information contained in this application to any ministry at The Chapel in which my child may volunteer with. I waive any right that I may have to inspect any information provided about my child, by any person or organization identified in this application. In consideration of the receipt and evaluation of this application by The Chapel, I hereby release any individual, church, youth organization, employer, reference or any other person or organization from any and all liability for damages which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply with this authorization. 	3.	I affirm that the information contained in this application is true and correct to the best of my knowledge.			
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Signature: Date:	Print no	ne here:			
	Signatu	e: Date:			