

# SCHOOL VOLUNTEER / DRIVER APPLICATION

Directions: Each school year each volunteer involved in the care, custody and control of students must complete this application. Keep the completed forms in the school files.

SECTION I		Personal Information		
Name:		E-mail:		
Address:		City:	State:	Zip:
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a member of the Seventh-day Adventist Church? <input type="checkbox"/> Yes <input type="checkbox"/> No		
In what capacity do you desire to offer your services as a volunteer within our school?				
Are you currently under investigation for or have you been convicted of (or pleaded guilty or "no contest" to) a felony or misdemeanor, other than a minor traffic or parking offense? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please explain.				
SECTION II		Experience		
List training or experience you have had that qualifies you for the position you are seeking.				
SECTION III		References		
List your pastor and two additional personal references who are well acquainted with you. Do not list relatives.				
Name	Street Address	City/State	Zip	Phone
1. Pastor				
2.				
3.				
SECTION IV		Background		
Social Security Number (or Social Insurance Number): _____		Birthdate: _____		
Because of our concern for the safety and protection of students, we require all potential school volunteers/drivers 1) to complete and return this form, and 2) to read and sign the Guidelines for Volunteers.				
Ohio law requires a religious organization to inform any person who applies to be a volunteer in a position in which the person, on a regular basis, will have unsupervised access to a child of the following: 1) that the person, at any time, might be required to provide a set of fingerprints, and 2) that, at any time, a criminal records check might be conducted with respect to the person. By signing below, you are acknowledging having been so informed and are also consenting to a criminal records check and further consenting, if ever requested, to provide a set of fingerprints. If you do not wish to give such consent, you should not sign this form.				
Have you ever (formally or informally) been accused of, disciplined for, charged with, convicted of, pleaded "guilty" to, or pleaded "no contest" to an unlawful sex offense, any form of child abuse, any other form of child abuse, or any form of child neglect? If you answer yes, please supply the date, place, nature of the alleged conduct, and disposition (including the criminal sentence, if applicable).				
<b>Yes    No</b> <i>(Circle One)</i>				

*(Continued on back)*

**SECTION V****Statement of Accuracy**

The information contained in this form is current and accurate to the best of my knowledge. I understand that this is strictly a volunteer position, and I expect no remuneration for services and time volunteered.

I authorize any persons giving a reference and any church listed in this form to disclose information they may have regarding my character and fitness for serving in a volunteer ministry that may involve children or youth. I hereby release any individual, church, or organization from any and all liability for damages which may result to me, my heirs, or family for compliance with this authorization, and agree that the church may maintain this information. My signature on this form confirms my understanding and agreement that if any allegation of criminal or sexual misconduct arises regarding my conduct while I serve in a volunteer capacity, the school will fully cooperate with any investigation. I further state that I have carefully read the foregoing release and understand its contents, that I sign this release as my own free act and that I understand this is a legally binding agreement.

Further, I have read and sign the **Guidelines for Volunteers**.

\* **Volunteer's Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_

**SECTION VI****VOLUNTEER DRIVER'S ONLY – Complete this section**

Driver's License Number: \_\_\_\_\_

Current Insurance Company: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Limits of Liability: \$ \_\_\_\_\_

Have you been involved in any at-fault accidents within the last three (3) years?  Yes  No

If "Yes," please describe: \_\_\_\_\_

Have you been cited for any moving violations within the last three (3) years?  Yes  No If "Yes," please describe:

I understand that should I be involved in an accident while driving for the school, my insurance will be primary.

Further, I agree not to carry more passengers than the official rated load capacity for my vehicle. All vehicle occupants will be required to wear seat belts (no double belting allowed).

**Driver's Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\* OFFICE USE ONLY \*\*\***

Guidelines for Volunteers signed (attached & copy given to applicant) Date references sent: \_\_\_\_\_  
 Other attachments \_\_\_\_\_ Received: \_\_\_\_\_

Date Application Received:	Recommended:	Not Recommended:
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Date of Committee Decision:	Recommended with Conditions Noted:
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Signature of Committee Chair:	Church Name:
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