

PERSONAL PROFILE

Do you use tobacco?_____ Do you drink alcoholic beverages?_____

Do you have a current driver's license?

Yes_____ Please list your driver's license number_____

No_____ Please list alternative identification_____

Please explain "yes" answers to the following questions more fully on a separate piece of paper.

1. Are there any facts or circumstances involving you or your background that would call into question your involvement in an environment where children or youth may be present?

Yes_____ No_____ Answering yes will not necessarily bar you from volunteering.

2. Have you ever been held, detained, taken into custody, charged, arrested, indicted, fined, forfeited bond, cited, or convicted for a violation of any law, regulation, or ordinance?

Yes_____ No_____ Answering yes will not necessarily bar you from volunteering.

3. Are you currently under indictment, on probation, parole, or work release?

Yes_____ No_____ Answering yes will not necessarily bar you from volunteering.

4. Have you ever been investigated by the Department of Social and Health Services, including, but not limited to, Child Protective Services, or a similar department or agency in any other state or jurisdiction?

Yes_____ No_____ An investigation will not necessarily bar you from volunteering.

5. Have you ever had your driver's license suspended or revoked for any reason?

Yes_____ No_____ Answering yes will not necessarily bar you from volunteering.

6. Have you accepted Jesus Christ as your personal Savior?

Yes_____ No_____ Your voluntary answer will not necessarily bar you from volunteering.

Where and When: _____

7. What church do you attend? _____ How long? _____ yrs. _____ mo.

Pastor's Name: _____ Church contact #: _____

8. Do you have any previous experience working with children?

Yes _____ No _____ Please describe: _____

PERSONAL PROFILE CONTINUED

9. Do you have any previous experience working with abused, neglected or abandoned children?

Yes _____ No _____ Please describe: _____

10. Where you a victim of abuse, neglect or abandonment as a minor?

Yes _____ No _____ Please describe: _____

Please circle all the words below which you believe accurately describe you:

- | | | | | | |
|-----------|---------------|-------------|-------------|-----------|------------|
| Timid | Gentle | Impatient | Modest | Nervous | Loving |
| Tactful | Mature | Sarcastic | Patient | Angry | Deliberate |
| Congenial | Compassionate | Stubborn | Kind | Studious | Selfish |
| Secure | Considerate | Abrasive | Trustworthy | Motivated | Verbal |
| Organized | Impulsive | Intelligent | Insecure | Relaxed | |

List below five strengths and five weaknesses you have in working with children (please be specific):

STRENGTHS

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

WEAKNESSES

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

I would prefer my campers to be: ___ 7 Yrs Old ___ 8 Yrs Old ___ 9 Yrs Old ___ 10 Yrs Old ___ 11 Yrs Old

T-Shirt Size: ___ Adult Small ___ Adult Medium ___ Adult Large ___ Adult X-Large ___ Adult XX-Large

Do you have certification in the following: ___ CPR ___ First Aid ___ Life Guard ___ Nurse ___ EMT

REFERENCES

Please list two persons who are available for **immediate contact** and who can comment on your character, reputation and/or work experience. **References cannot be related to you and cannot be living in your household and must be 18 or over.** They may be friends, neighbors, or others with whom you have frequent personal and/or business relationships.

1. Name _____ Known since: _____

Address: _____ City _____ State _____ Zip _____

Phone number (day) _____ (evening) _____

2. Name _____ Known since: _____

Address: _____ City _____ State _____ Zip _____

Phone number (day) _____ (evening) _____

MEDICAL HISTORY

1. Do you have any **medical conditions** or **allergies**?

Yes _____ No _____ Please describe: _____

2. Who is your primary **doctor**? _____ **Phone number**? _____

3. Do you take any **medications**?

Yes _____ No _____ Please list medication, reason, and any side effects:

4. Have you had any **serious illness or injuries** in the last three years?

Yes _____ No _____ Please describe in more detail: _____

5. Do you have any **physical handicaps or conditions** preventing you from performing any type of activity?

Yes _____ No _____ Please list: _____

RECORD OF EDUCATION

High School Name: _____ Date of Graduation: _____

College: _____ Major: _____ Date of Graduation: _____

Other: _____ Other: _____ Date of Graduation: _____

Criminal History Information

Please complete this Criminal History Information. Cedar Park may conduct a criminal history background check on you and request a copy of your driving record (if you may operate a commercial vehicle on behalf of Cedar Park). Further dissemination of any records obtained is prohibited without your written permission. You will be notified of the results of the background check within 10 days of receipt and provided with a copy upon request.

Name: _____

Alias/Maiden Name: _____

Social Security Number: _____ Date of Birth: _____

- 1. Have you ever been convicted of any crime? Yes No

If yes, specify _____

For purposes of answering this question, conviction shall include any conviction in any jurisdiction, including convictions by way of trial, plea (guilty, "Alford", *nolo contendere*, or no contest even if they be later withdrawn), deferred prosecution, suspended sentence or stipulation. Conviction shall also include convictions that have subsequently been dismissed, expunged, vacated, reduced, mitigated, or otherwise stricken from official record. A conviction will not necessarily bar volunteering.

- 2. Have you ever had findings made against you in any civil adjudicative proceeding as defined in RCW 43.43.830? Yes No

If yes, specify _____

RCW 43.43.830 (3) "Civil adjudicative proceeding" is a judicial or administrative adjudicative proceeding that results in a finding of, or upholds an agency finding of, domestic violence, abuse, sexual abuse, neglect, or exploitation or financial exploitation of a child or vulnerable adult under chapter 13.34, 26.44, or 74.34 RCW, or rules adopted under chapters 18.51 and 74.42 RCW. "Civil adjudicative proceeding" also includes judicial or administrative orders that become final due to the failure of the alleged perpetrator to timely exercise a right afforded him or her to administratively challenge findings made by the department of social and health services or the department of health under chapter 13.34, 26.44, or 74.34 RCW, or rules adopted under chapters 18.51 and 74.42 RCW.

I declare, under penalty of perjury under the laws of the State of Washington, that the statements above are true and correct. I authorize Cedar Park Assembly of God to conduct a criminal background check on me and to obtain a copy of my driving record (if you may operate a commercial vehicle on behalf of Cedar Park).

Signed this _____ day of _____, (year) _____, at _____

Applicant's Signature: _____

Release

(INCLUDING AUTHORIZATION OF RELEASE OF INFORMATION, AND DEFENSE, INDEMNIFICATION AND HOLD HARMLESS OBLIGATIONS BY APPLICANT)

I, _____, have applied to volunteer in a ministry of Cedar Park Assembly of God.

I authorize Cedar Park, in its efforts to process my application and to check my background and contact references, to provide a copy of this release to any person or entity, and authorize Cedar Park and other parties to treat a facsimile copy of this release as if it were the signed original.

I authorize Cedar Park to contact any person or entity to obtain information about me, including the employers, organizations, supervisors, governmental agencies and references that I list in my application and others identified by Cedar Park. Without limiting the foregoing, I understand and agree that this release allows the Department of Social and Health Services, including Child Protective Services, to release information concerning me.

I hereby request, consent to, and authorize any current or former employer, person, firm, corporation, organization, education or vocational institution, or government agency to provide Cedar Park with information they have regarding me, including the release of information concerning my performance, qualifications, personal and work history, dates of employment, dates of volunteer service, job titles, reasons for leaving, salary, and opinions about me. The released information may be in the form of a letter of reference, a response to an evaluation form prepared by Cedar Park, telephone interviews or other interviews initiated by Cedar Park, or any other means deemed appropriate by Cedar Park. I understand that the information released may include facts and/or opinions that are unfavorable to me and/or with which I may disagree.

I hereby expressly waive any and all rights I may have of access to any letter of reference, to any response to an evaluation form, to anything discussed in telephone conversations or interviews, or information otherwise obtained by Cedar Park, including any right to inspect and review, any right to have a copy made for my use, and any right to request an amendment of or correction to any released information.

I hereby release and agree to defend, indemnify and hold harmless Cedar Park and its past, present and future pastors, elders, deacons, leaders, employees, directors, officers, volunteers, agents, successors and assigns, and insurers from any and all liabilities arising from or in any way related to requesting or receiving information about me. I also release and agree to defend, indemnify and hold harmless any person or organization or entity (whether listed in my application or not) and its respective directors, owners, officers, employees, volunteers and agents who provide information or references about me to Cedar Park from and against any and all liability arising from or in any way related to their disclosure of any information or opinions about me.

I hereby acknowledge that I have read, understand, and willingly sign and agree to this document.

**THIS STATEMENT CONTAINS A RELEASE OF CLAIMS AND AN OBLIGATION TO DEFEND,
INDEMNIFY AND HOLD HARMLESS CEDAR PARK ASSEMBLY OF GOD AND OTHERS.
PLEASE READ IT CAREFULLY.**

This **signed** Release must be a part of the application package. The Release must be mailed, faxed, or taken to Cedar Park for the application to be considered complete.

Applicant's
Signature: _____

Date: _____

AGREEMENT

My answers on this Application are true and correct and complete. I understand that if I am accepted as a volunteer by Cedar Park, it will be at the will of both parties and that my volunteering can be terminated at any time, with or without cause. I understand and agree that no offer or promise of employment has been made.

I authorize Cedar Park to request criminal background checks on me and copies of my driving record (if I may operate a commercial vehicle on behalf of Cedar Park) upon an offer of a position as a volunteer and during the course of my volunteering.

I understand that Cedar Park expects its volunteers to conduct their professional and personal lives in a manner that reflects Cedar Park's evangelical Christian character. I understand that Cedar Park expects its volunteers to refrain from behavior that conflicts with evangelical Christian standards including, but not limited to, immoral cohabitation; alcohol or substance abuse including drunkenness and illegal drug use; and inappropriate speech such as vulgar or sexually suggestive words, gossip, and insubordination. If I am a volunteer at Cedar Park, I agree to abide by these expectations.

I also have read and agree to the terms provided in the Release.

Signature

Date