

Volunteer Safety Training

Singing Oaks Church of Christ

Confidential Volunteer Worker Application Form

After reading the SOCC Policy for Preventing Children's Sexual Abuse/Molestation, please complete and sign this application. This information will be accessible only to those persons authorized by the sexual abuse policy. Thank you for helping ensure a safe environment for the children and youth of Singing Oaks Church of Christ.

PLEASE PRINT

CONFIDENTIAL BACKGROUND INFORMATION (For required background check)

Today's Date: _____

Full Legal Name: _____ Maiden Name: _____

Address: _____ City/State: _____ Zip: _____

Home Phone: _____ Alternate Phone: _____ Cell or Work? _____

Date of Birth: _____ Social Security #: _____ TDL #: _____

VALID EMAIL ADDRESS FOR ONLINE TRAINING _____

List church membership within the past 5 years:

1. Singing Oaks Church of Christ Denton, TX from _____ to present
2. _____ from _____ to _____
3. _____ from _____ to _____

DECLARATIONS BY APPLICANT

1. Have you ever been arrested for, convicted of, pled guilty or no contest to, or placed on probation or deferred adjudication probation for a crime involving children or youth or of any other felony or misdemeanor other than minor traffic violations?

_____ No _____ Yes (please explain on a separate page and include arresting agency, case number, disposition of case, court and county where case was heard)

2. Is there any other fact or circumstance involving you or your background that might call into question your supervision, guidance and care of minors?

_____ No _____ Yes (please explain on a separate page)

3. Have you been affected by sexual abuse to such an extent that might preclude you from work with minors?

_____ No _____ Yes (please explain on a separate page)

I have read Singing Oaks Church of Christ's policy on sexual abuse/molestation and agree to abide by its provisions. Furthermore, I authorize the person specified in that policy to undertake a criminal background check and reference checks from previous churches listed above. I release and hold harmless from all liability any individual or entity requesting or supplying information with respect to the application.

Signature: _____ Date: _____

For Office Use Only (Spiritual Manna USER NAME: _____)

Application Status (circle one): Approved without conditions Approved conditionally (see below) Denied (see below)

Spiritual Manna Completion Date: _____

Reasons for conditional approval or denial: _____

Application reviewed by : _____ **Date:** _____