



# Volunteer Application 2006/07

## Step 1:

*All Volunteers* – Submit Completed Application

*StreetWorkz / Bible Club Leaders* – Submit Completed Application  
and Ministry Leader Supplement

## Step 2:

If you are a program volunteer, attend a volunteer orientation  
& program specific training

## Step 3:

If you are a program volunteer, get fingerprinted (LiveScan) at  
local Sheriff Department and complete screening process

## Step 4:

Coordinate schedule with BCM staff and begin serving youth!

**Bayshore Christian Ministries  
2006/07 Volunteer Application**

**I would prefer to work with students in the following grades:** 1-2    3-4    5-6    7-8    9-12

**I am interested in volunteering with:** KidSmart    TeenWorks    Bible Clubs    StreetWorkz    Admin.

**Day(s)/Time(s) you are available to volunteer (note if you would like to volunteer more than once a week):**  
\_\_\_\_\_

**Contact Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ M / F

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: (mo/day/yr) \_\_\_ / \_\_\_ / \_\_\_\_

Are you a student? Y / N    School: \_\_\_\_\_ Year: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation/Major: \_\_\_\_\_

**Optional: If you are willing to drive students, please provide this information – otherwise you will not be able to drive children in your car (handy for fields trips, etc.):**

Auto Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Policy Exp. Date: \_\_\_ / \_\_\_ / \_\_\_\_    Driver's License #: \_\_\_\_\_ State: \_\_\_\_

**Tell us a little about you. Please check any of the following skills you possess or experience you have had, and explain. Feel free to add to the list!**

- Music: \_\_\_\_\_
- Arts and Crafts: \_\_\_\_\_
- Teacher Training: \_\_\_\_\_
- Tutor/Classroom Aid: \_\_\_\_\_
- Coaching: \_\_\_\_\_
- Daycare: \_\_\_\_\_
- Sunday School/Youth Group Leader: \_\_\_\_\_
- Foreign Language: \_\_\_\_\_
- Teaching ESL: \_\_\_\_\_
- Counseling: \_\_\_\_\_
- \_\_\_\_\_ : \_\_\_\_\_

**If you are involved in a church, please tell us which one:**

Pastor's Name: \_\_\_\_\_ Church: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Specific Involvement (events, ministries, etc.)

**Bayshore Christian Ministries  
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**References:** Please list two people unrelated to you who can offer character references and/or can attest to your ability to work with youth. *StreetWorkz or Bible Club volunteers: Skip this section – and complete the StreetWorkz/Bible Club Leader Supplement.*

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Relation: \_\_\_\_\_ Relation: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Email: \_\_\_\_\_

**Prior Volunteer Experience:** Please list previous volunteer work, especially list prior work with youth:

Organization: \_\_\_\_\_  
Role: \_\_\_\_\_ How long ago? \_\_\_\_\_  
Contact Person: \_\_\_\_\_

**CONFIDENTIAL Personal Information:**

Have you ever been convicted of, or plead guilty to charges of child abuse, domestic violence, or any crime involving actual or attempted rape or sexual molestation?  Yes  No  
If yes, please explain: \_\_\_\_\_

Have you ever been on probation?  Yes  No  
If yes, explain: \_\_\_\_\_  
Case Worker's Name: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Have you ever been reported to Child Protective Services or to the Dept. of Social Services?  
 Yes  No If yes, please explain: \_\_\_\_\_  
Case Worker's Name: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

**How did you hear about BCM?** \_\_\_\_\_

**PLEASE SIGN AND DATE:**

**The information in this application is true and correct to the best of my knowledge. I authorize any individuals or organizations listed as references in this application to give you any information they may have regarding my character and fitness for working with children or youth. I release all such references from liability for any damage that may result from furnishing such evaluations to this organization.**

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

FOR OFFICE USE ONLY: RCVD: \_\_\_\_\_ APP: \_\_\_\_\_ VO: \_\_\_\_\_ VT: \_\_\_\_\_ SCR: \_\_\_\_\_ PLCD: \_\_\_\_\_