

Meredith Drive Reformed Church
Volunteer Safety Information
(Download and return to a Children's staff member by Sept. 9)

Date: 1st year—2007
2nd year: _____(initials)
3rd year: _____(initials)

Personal Information:

Name _____

Address _____ City _____ Zip _____

Phone number _____ (work) _____ E-mail _____

To help ensure the wellbeing and safety of volunteers and children in our care, our Administrative Board asks us to do a background check. The following information is needed by law enforcement agencies and others for us to do this. Please be assured this information will remain confidential and secured.

Other names you have used in your lifetime (maiden name, different last name, etc.) _____

How long have you lived in the Des Moines area? _____

Current employer (if employed): _____ How long have you been employed there? _____

Have you worked for other employers over the past 3 years? If yes, please list employer(s) and dates of employment below:

Have you ever been convicted of a crime? _____ If yes, please explain: _____

Statements to respond to:

I, _____, state that:
Your Name

1. _____ I am not currently receiving treatment for alcoholism, drug abuse or child abuse problems.

2. _____ I am currently receiving treatment for:

_____ alcoholism
_____ drug abuse
_____ child abuse

If receiving treatment, please explain:

3. _____ I have never been convicted by any law of any state for lascivious acts with a child, child neglect, or child abuse.

4. _____ I acknowledge that the information provided in this application is true, complete and I give the church permission to verify all statements contained in this application. I also authorize all persons, entities, courts, law enforcement and other public agencies to respond to inquiries concerning me; to supply verification of the information provided in this application; to provide an evaluation of my prior work performance and to comment on my background and character. I hereby release all persons and agencies authorized herein from all liability and responsibility arising from their actions in providing information in accordance with this authorization.

Release signature _____ Date _____

If under 18 years of age, parent signature _____ Date _____