
Last Name, First Initial

CPR Certified _____
First Aid Trained _____

Date of Birth

Driver's License #

Expiration

Volunteer Adult Registration
Evangelical Lutheran Church Child and Youth Ministries

Note: all information is kept confidential

Name: _____ Allergies _____

Address: _____

Day phone: _____ Evening phone: _____ Cell phone: _____

Emergency Contacts:

Name	Address	Phone
1. _____	_____	_____

2. _____	_____	_____
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Occupation: _____ Employer: _____

Previous volunteer experience with children: _____

Special interests/hobbies/skills: _____

Why would you like to volunteer to work with children? _____

What qualities do you have that would help you work with children? _____

Have you ever been charged, convicted of, or pled guilty to a crime, either a misdemeanor or a felony (drug-related charges, child sexual abuse, or other crimes of violence)?

_____ No _____ Yes If yes, please explain: _____

References: Please list three personal references (people who are not related to you by blood or marriage) and provide a complete address and phone information for each.

Name	Address	Phone
1. _____	_____	_____

2. _____	_____	_____
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3. _____	_____	_____
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All of the information I have provided is true and correct to the best of my knowledge. I have read, understand and agree to adhere to the policies contained in the ELC protection policy in church activities. I understand it may be necessary for Evangelical Lutheran Church to contact my personal references and check my background. I hereby give my consent for this information exchange and authorize such agencies or persons to release any information requested by Evangelical Lutheran Church.

Signature: _____ Date: _____

OFFICE USE: Reviewed by: _____ Date: _____ Member of ELC? _____

Completed applications will be kept on file. Please review/correct/and sign once each year.