

Oregon Conference Volunteer Ministry Information Form

19800 Oatfield Rd. Gladstone, OR 97027

***** OFFICE USE ONLY *****

Recommended:	Not Recommended:	Recommended with Caution:	Date Received:
Comments:		Date Approved:	Renewal Date:
Signature of Conference Director:			

Please check all that apply:

Primary location of volunteer activity (church/school) _____

<input type="checkbox"/> Adventurers	<input type="checkbox"/> Education/Schools
<input type="checkbox"/> Camp Meeting	<input type="checkbox"/> Pathfinders
<input type="checkbox"/> Children's Ministries	<input type="checkbox"/> Vacation Bible School
<input type="checkbox"/> Church Office(s)	<input type="checkbox"/> Other _____

Print Legal Name:
 Last _____ First _____ Initial _____

List all other names/aliases used by you:

Street Address (No P.O. Box): _____
 City _____ State _____ Zip _____

Home Phone number:	Work Phone or Cell Phone number:	Email Address:
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Are you a member of the Seventh-day Adventist Church? (Please circle) YES NO (If no, skip to the next section)

How long? _____ Mos. _____ Yrs.

The name of the Adventist church you now attend: _____

If you have been in your current church for less than 5 yrs, please give the name of your previous church home(s):

Name of church: _____ City _____ State _____

Name of church: _____ City _____ State _____

If you answered "no" to the previous question, please respond to the following: Have you been known by the local church or school for at least 6 months? * (Please circle) YES NO If you have not been known by the local church or school for at least 6 months, when did (will) your relationship with the local school or church begin? (interview to enroll child in school, start of school year, regular attendance at church, etc.) _____ (Month/Year)

*There is a waiting period of at least 6 months before you are eligible to volunteer.

List below: (a) your pastor and (b) two individuals (other than family members) who have known you for at least 3 years and who could recommend you for service with children. The Conference may contact additional references if the individual you list is unavailable, unable to provide a reference, or if otherwise needed.

References

Your Pastor	Street Address	City	Zip	Phone or Cell Phone#:
1.				Area Code () -
2.				Phone or Cell Phone#: Area Code () -
3.				Phone or Cell Phone#: Area Code () -

Unlawful Conduct

There is no time limit to the questions regarding criminal history. Unless a time limit is stated in a question, provide information on ALL convictions, pleas and alternative sentencing or disposition programs that have occurred during your lifetime. Records of offenses by minors (under age 18) are not automatically sealed and should be disclosed, except where non-disclosure is required under state law. Conviction of a crime does not necessarily disqualify you from volunteer service, but individuals who have committed physical or sexual abuse may not work in any church-sponsored activity or program for children.

Have you ever plead guilty, no contest, or been convicted of any criminal offense (misdemeanor or felony).

(Please circle) YES NO

If yes, please explain:

Confidentiality Statement

The Oregon Conference of Seventh-day Adventists is committed to protecting the children in our churches and schools. It is because of this commitment we require volunteers to submit to background checks if they are working with minor children.

Information provided to us on this form will be kept confidential. Forms retained for permanent record will be kept in a secure location. Permanent local church or school records will only include the front page of this application indicating "recommended," "not recommended" or "recommended with caution." Information on the reverse of this application will be kept confidential (with the exception of discussing with local church or school leadership when necessary).

Approved status generally is for a three-year time frame, but may be revoked at any time. The three-year re-approval *will* include another criminal background and driving history check.

Should you have any questions regarding this form, please contact the Risk Management Department at the Oregon Conference office at 503/850-3500.

Background Check Authorization & Waiver

The above information is accurate to the best of my knowledge and recollection. I understand that this is strictly a volunteer position, and I expect no remuneration for services and time volunteered.

I authorize the Oregon Conference and its affiliates to investigate my suitability for the volunteer position(s), which will include criminal background checks and driving record history. I authorize the references and professionals identified above to release any and all of my personal information to the Oregon Conference and its affiliates investigating my suitability for service to the Oregon Conference and its affiliates, and to release information to government agencies.

I agree that if I am approved to serve as a volunteer, I will inform appropriate church or school leadership, including the individuals organizing any activities I will be assisting with, of any physical limitations that I may have that may affect my ability to fully and safely participate. I agree to abide by the Code of Conduct and Guidelines for Volunteers of the Oregon Conference of Seventh-day Adventists.

I understand that serving as a volunteer may involve risk. Except to the extent covered by any Oregon Conference insurance policies I, on behalf of myself, my spouse, next of kin, executors, heirs, assigns, or anyone else who might claim or sue on my behalf, fully release and agree not to sue the Oregon Conference of Seventh-day Adventists and any of its agents, employees, and/or volunteers from any and all liability, including but not limited to any claims, losses, or liabilities due to death, personal injury, disability, property damage, medical expenses, and/or theft, that may arise from or relate to my participation as a volunteer, including transportation to and from any events and any provision of medical care.

Code of Conduct and Guidelines for Volunteers

I, the undersigned, have read this document and agree to abide by the Code of Conduct and Guidelines for Volunteers outlined. I will retain a copy of the document and keep it for reference.

Applicant's Signature:

Date:

Required:

Social Security # _____

Required:

Date of Birth: Mo. _____ Day _____ Yr. _____

Note:

Please be sure you have answered every question and signed your name above.

Please return this form to your church leader.

To protect your privacy only the front of the form will be returned to the church or school organization.

The original application will kept in a secure location at the Oregon Conference.

YOUTH / CHILDREN'S MINISTRY VOLUNTEER CODE OF CONDUCT

Acknowledgment

Because I want the best possible environment for our children and youth to grow up in, it is important that those working with children have guidelines for conduct in order to protect both themselves and those under their care. As a ministry volunteer, I want parents and others to feel comfortable and confident with me.

My Commitment to Volunteer Ministry

As a Youth/Children's Ministry Volunteer, I will:

1. Provide appropriate adult supervision at all times for the children for whom I am responsible.
2. Have at least one other adult, eighteen (18) years of age or older, to help with the supervision of children. If I find myself in a situation where I am the only adult present, under no circumstances will I allow myself to be alone with one child (the "two-person rule"). This protects the child as well as protecting the adult from possible allegations.
3. Ask a child's permission before physically touching him/her anywhere, even when responding to an injury or problem. This is especially true for any areas that would normally be covered by a T-shirt and/or shorts. If an injury is within this area, make sure another adult works with you as care is provided.
4. Refrain from physical and verbal attacks and corporal punishment which are inappropriate behaviors and should never be used as discipline. "Time outs" or "sit-in-that-chair" may be helpful discipline methods to use with children.
5. Affirm children with appropriate touching by keeping hugs brief and "shoulder-to-shoulder" or "side-to-side." I will keep hands at (not below) the shoulder level. A caregiver's kiss should be to the forehead or cheek only – not elsewhere. For small children who like to sit on laps, I will encourage them to sit next to me.
6. Provide extra care when taking small children to the restroom. I will take another adult along, or leave the door open.
7. Be aware of conducting activities in rooms that do not have an interior viewing area, or I will leave the door open during the activity to allow easy observation by others.
8. Cooperate with the volunteer screening process and complete the Volunteer Ministry Information form, as required by the church.
9. Be aware of the signs and symptoms of child abuse and aware of the legal requirements for reporting suspected cases of abuse. In addition to any legally required reporting, I agree that if I become aware of any behavior by another individual which seems abusive or inappropriate towards children I am supervising, I will report that behavior to the church pastor, elder, or directly to the Oregon Conference Risk Management Director.
10. Cooperate with church leadership in conducting children and youth ministries by being a volunteer who is loving, kind, firm, and always a thoroughly professional person. Working with children and youth is not only a privilege; it is also a serious responsibility that must be approached with utmost care.
11. Participate in orientation and training programs conducted by the church.

**** In the event I find it impossible to comply with the above, I will comply as closely as possible to the code of conduct and act in good faith for the welfare of the people involved.***

Thank You for Your Service As a Youth/Children's Ministry Volunteer
Please Sign and Return with Application to the Oregon Conference Risk Management Department

Signature _____

Date: ____ / ____ / ____

Please retain a copy of this document and keep it for your reference