



# FIRST CONGREGATIONAL CHURCH

## UNITED CHURCH OF CHRIST

1 CHURCH STREET  
PO Box 246  
DEEP RIVER, CT 06417

REV. TIMOTHY E. HAUT, MINISTER  
SYBIL R. HIGGINS, DIRECTOR CHRISTIAN EDUCATION

### **APPLICATION FOR VOLUNTEER SERVICE FOR YOUTH ACTIVITIES**

*Please return this form to Sybil Higgins, Director of Christian Education. Contents will be held in strict confidence by the Director of Christian Education and the Senior Minister.*

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI/Maiden: \_\_\_\_\_

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

Day phone (with area code): \_\_\_\_\_ Evening phone (with area code): \_\_\_\_\_

Cell phone (with area code): \_\_\_\_\_ E-mail: \_\_\_\_\_

Which youth service(s) interest you:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Sunday School Teacher  | <input type="checkbox"/> Vacation Bible School | <input type="checkbox"/> Mentor               |
| <input type="checkbox"/> Youth Groups   | <input type="checkbox"/> Youth Music Programs  | <input type="checkbox"/> Chaperone            |
| <input type="checkbox"/> Youth Programming  | <input type="checkbox"/> Mission Trip Leader   | <input type="checkbox"/> Youth Special Events |
| <input type="checkbox"/> <i>Check here if employed by First Congregational Church of Deep River</i> |  |   |

Any special skills/talents you may have? \_\_\_\_\_

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Preference(s) for age group? \_\_\_\_\_

Any physical limitations you may have that we should know about? \_\_\_\_\_

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**EDUCATION AND TRAINING/CERTIFICATION**

Educational institution: \_\_\_\_\_

Highest year completed: \_\_\_\_\_ Degree/Certificate: \_\_\_\_\_

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Highest year completed: \_\_\_\_\_ Degree/Certificate: \_\_\_\_\_

Training and Certification: \_\_\_\_\_

Completed: \_\_\_\_\_ Experience: \_\_\_\_\_

Training and Certification: \_\_\_\_\_

Completed: \_\_\_\_\_ Experience: \_\_\_\_\_

Training and Certification: \_\_\_\_\_

Completed: \_\_\_\_\_ Experience: \_\_\_\_\_

**PERSONAL INFORMATION**

How long have you been a member of our church? *(at least 6 month waiting period required)* \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ Type: \_\_\_\_\_

Insurance Carrier *(not agency)*: \_\_\_\_\_

Policy #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Have you ever been convicted of a crime (e.g. felony or misdemeanor including DWI, DUI, but not including minor traffic violations or any convictions as a youthful offender)?

*You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to Sections 46b-146, 54-76o or 54-1452a of the Connecticut General Statutes. Criminal records subject to erasure pursuant to these statutes are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or knolled, a criminal charge for which the person has been found not guilty or a conviction for which the person received absolute pardon. Any person whose criminal records have been erased pursuant to these statutes shall be deemed to have never been arrested within the meaning of the general statutes with respect to the proceedings so erased and may so swear under oath.*

*(circle one)*    No                      Yes →                      *(circle one)*    Felony                      Misdemeanor

If yes, explain the place, date and disposition of any conviction. A conviction will not necessarily affect your acceptance as a volunteer. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT AND EXPERIENCE**

Provide accurate and complete information for all employment (*list most recent first*), including temporary, part-time, self employment and unemployment for the past seven years. Account fully for any gaps in employment. Additional sheets may be attached if necessary.

Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Dates From/To: \_\_\_\_\_

Position/Responsibilities/Reason for leaving:  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Dates From/To: \_\_\_\_\_

Position/Responsibilities/Reason for leaving:  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Dates From/To: \_\_\_\_\_

Position/Responsibilities/Reason for leaving:  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Dates From/To: \_\_\_\_\_

Position/Responsibilities/Reason for leaving:  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Volunteer & Paid Experience: List previous church and other youth volunteer experience for the last seven years, to include name of organization, address, dates (from/to), responsibilities and reason for leaving. Additional sheets may be attached if necessary.

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**REFERENCES**

List two (2) persons (non-relatives) who are familiar with your qualifications for youth volunteer service.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Day phone (with area code): \_\_\_\_\_ Evening phone (with area code): \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Day phone (with area code): \_\_\_\_\_ Evening phone (with area code): \_\_\_\_\_

*This is an application for a volunteer position at the First Congregational Church of Deep River for which there is no monetary compensation.*

*In the selection of volunteers, there shall be no discrimination against an otherwise qualified individual on the basis of race, color, religion, gender, age, national origin, sexual orientation, marital status, learning disability, physical or mental disability, ancestry, genetic information or any other protected class status.*

*I hereby authorize you to check all my educational, personal and employment references; I further authorize these references to release to you any or all information that they have about me and I release all parties involved from any liability arising out of the release of that information.*

*I understand that criminal background checks may be required by state or federal law for persons serving children or may otherwise be conducted by the First Congregational Church of Deep River and I understand that these checks may also be conducted on other individuals in my household.*

*I understand that if appointed to a volunteer position, I will be required to comply with the First Congregational Church of Deep River policies and standards, including our Internet Guidelines. I also understand that failure to comply with the policies/standards/guidelines, could null this application.*

*I understand that any misrepresentation, omission or falsification of any fact from this application or during any interview will be cause for rejection of this application or dismissal from volunteer services. I also understand that acceptance for volunteer service is subject to verification of references.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The Application for Volunteer Service for Youth Activities must be updated every year. You may renew your application up to four consecutive years, after which a new application must be completed. If at any time the above information changes, a new application must be submitted.**

*I have reviewed the above and agree that all of my information as noted has not changed since my last signature and date.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_