



## Adult/Student Application

For office use only:

Area: ☐N ☐P ☐E ☐Guest  
File: ☐N ☐P ☐E ☐Guest  
☐Name Tag ☐Fingerprint ☐Picture  
☐Reference contacted Date \_\_\_\_\_

Location: \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Do You Text? ☐ Y ☐ N

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Years at Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Email \_\_\_\_\_  
Month Day Year

Former Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Years at Address \_\_\_\_\_

Current Employer \_\_\_\_\_ Employer Phone \_\_\_\_\_

Employer Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Volunteers under 18-years old, please fill out the following:

Parent(s) or Guardian Name(s): \_\_\_\_\_

If you came with a friend, what is their name? \_\_\_\_\_

**Are you volunteering today only?** ☐ Y (If yes, stop here) ☐ N (If no, fill out the remainder of this form)

**REFERENCES:** Please give two character references with whom you have had sufficient contact over the past five years (other than family).

Name \_\_\_\_\_

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

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_

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

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

**SHARE YOUR STORY:** Please tell us a bit about you and your relationship with Jesus.

### PERSONAL BACKGROUND

When working with children, you may need to lift, run, teach, supervise or assist in an emergency. Do you have any physical or mental health issues that would prevent you from performing certain types of activities?

☐ Y ☐ N Explain \_\_\_\_\_

Do you take medication? ☐ Y ☐ N List medications: \_\_\_\_\_

### APPLICANT'S STATEMENT

The information contained on this application is correct to the best of my knowledge. I authorize any references listed in this application to give you any information they may have regarding my character and fitness for children's work. I release all such references from liability for any damage that may result from such evaluations to you and I waive any right to inspect these references.

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

### UNDER 18 PLEASE HAVE PARENT SIGN AND DATE

Your son/daughter has inquired about volunteering on our team. We're eager to partner with you to help make this a successful serving opportunity for your student. A member of our team will be contacting you soon. I give permission for my son/daughter to volunteer.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

### BACKGROUND CHECK PERMISSION (18 years old+ only)

1. Have you ever been accused and/or convicted of domestic violence, pornography, child abuse, child molestation or any other assault crime related to others? ☐ Y ☐ N

If yes, explain \_\_\_\_\_

2. Have you ever been counseled for any of the situations described in question 1 above? ☐ Y ☐ N

If yes, explain \_\_\_\_\_

3. Have you ever been convicted of a crime or felony? ☐ Y ☐ N

If yes, explain \_\_\_\_\_

*This form authorizes the church to obtain background information and must be completed by the applicant.*

*The church keeps this completed form on file after requesting a background check.*

I, the undersigned applicant (also known as "consumer"), authorize **RiverTree Christian Church and its designees** to procure background information (also known as a "consumer report and/or investigative consumer report") about me. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and the state sex offender records.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to **RiverTree Christian Church and its designees**.

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