

<input type="checkbox"/> Recommended	<input type="checkbox"/> Not Recommended	Date Received:	Renewal Date: 25
Recommended with Conditions Noted:			
Signature of Conference Director:			Date Approved:

## Oregon Conference Volunteer Staff Information Form

**Please check all that apply:**

- ☐ Adventurers
- ☐ Camp Meeting
- ☐ Children's Ministries

- ☐ Education/Schools
- ☐ Pathfinders
- ☐ Vacation Bible School
- ☐ Other \_\_\_\_\_

**Personal Information**

Print Legal Name:			Name of Spouse:
Last	First	Initial	

Street Address:	City	State	Zip
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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 the next three questions.)

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:

Name of church: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Do you have any injury/sickness that might limit your involvement in Children's Ministries activities? (Please circle) YES NO

If yes, please explain:

**Confidentiality Statement**

The Oregon Conference of Seventh-day Adventists is committed to diligently protecting the children in our churches and schools. It is because of this commitment we require employees and volunteers to submit to criminal background checks.

Information provided to us on this form will be kept in the strictest of confidence. 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' or 'not recommended'. Information on the reverse of this application will be kept confidential (with the exception of local church or school leadership when necessary).

Approved status is for a five-year time frame unless concerns become evident that demand investigation. The five-year re-approval may include another criminal background check.

Should you have any questions regarding this form, please contact the HR/Risk Management Department at the Oregon Conference office at (503) 850-3521.

TURN OVER TO COMPLETE

**Unlawful Conduct**

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Have you ever plead guilty, no contest, been accused of, charged, convicted, or are you currently under investigation for any unlawful sexual conduct, child abuse, and/or child sexual abuse? (Please circle) YES NO

yes, please explain by listing type of conduct, date(s), place(s) and circumstances of the accusation:

Have you ever been convicted of any other type of criminal offense? (Please circle) YES NO  
(answering in the affirmative does not necessarily disqualify you from working with children)

If yes, please explain:

If you answered yes to either of the above, please give the name and address of a reference/professional who can verify your suitability to work with children.

Name of Reference/Professional

Street

City/State

Zip

Phone:

**References**

List below three individuals (other than family members) who could recommend you for service in Children's Ministries.

Name

Email address (If known):

Phone or Cell Phone#:

1.

Area Code ( ) -

OFFICE ONLY:

Name

Email address (If known):

Phone or Cell Phone#:

2.

Area Code ( ) -

OFFICE ONLY:

Name

Email address (If known):

Phone or Cell Phone#:

3.

Area Code ( ) -

OFFICE ONLY:

**Background Check Authorization**

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 may include criminal background checks. 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.

I agree to abide by the Child Protection Policy and Procedures of the Oregon Conference of Seventh-day Adventists.

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