Indiana-Kentucky Conference Volunteer Application and Disclosure Form

NAME:		Date of Birth:
LAST	FIRST	MIDDLE
ADDRESS:		
STREET	CITY	STATE ZIP CODE
DAYTIME PHONE	EVENING PHONE	EMAIL
References: references must additional page(s) as necessar		ch other. One must be faith based. Attach
NAME (1)		
RELATIONSHIP		
ADDRESS	CITY	STATE ZIP CODE
TELEPHONE	EMAIL	
NAME (2)		
RELATIONSHIP		
ADDRESS	CITY	STATE ZIP CODE
TELEPHONE	EMAIL	
NAME (3)		
RELATIONSHIP		
ADDRESS	CITY	STATE ZIP CODE
TELEPHONE	EMAIL	
Current Church and Location:		

APPLICANT:		
	demeanor conviction	contest to, a crime. (Exclude convictions that have been ons for which probation was completed and the case was this state)
the case. The Conference will not deny a po	sition to any applic ider the nature, dat	O Not true e date and place of conviction and the legal disposition of ant solely because the person has been convicted of a e and circumstances of the offense, as well as whether the
misconduct; physical abuse; child ab	ouse; or financia	iscrimination, harassment, exploitation, or Il misconduct has ever resulted in a judgment or been dismissed because the statute of
If not true, give a short explanation of the law the lawsuit; where the lawsuit was filed;	•	O Not True ate the date, nature, and place of the incident leading to disposition of the lawsuit.).
had my employment, professional cre	edentials, or autactual or attemp	al credentials, or service in a volunteer position or horization to hold a volunteer position terminated oted sexual discrimination, harassment, ouse; or financial misconduct.
		O Not True date of termination; name, address, and telephone of the incident(s) leading to your termination.)
Do you have a valid drivers' license?		
O Yes	O No	O Not Applicable
		license suspended or revoked within the last five ated and/or under the influence of a controlled
If not true, provide a brief explanation.	O True	O Not True

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Is there any fact or circumstance involving you or your background that would call into question your being entrusted with the responsibilities of the position for which you are applying?

O No

O Yes

If yes, provide a brief explanation.

APPLICANT:

The covenants between persons seeking volunteer positions in the Conference require honesty, integrity, and truthfulness for the health of the Conference. To that end, I attest that the information set forth in this application is true and complete. I understand that any misrepresentation or omission may be grounds for rejection of consideration for, or termination of, the position I am seeking to fill. I acknowledge that it is my duty in a timely fashion to amend the responses and information I have provided if I come to know that the response or information was incorrect when given or, though accurate when given, the response or information is no longer accurate.

Beginning such relationships with an open exchange of relevant information builds the foundation for a continuing and healthy covenant between volunteers and the Conference they seek to serve. To that end, I authorize the Indiana-Kentucky Conference (IKC-UCC) and/or its agents to make inquiries regarding my character and qualifications, including all statements I have set forth above. I also authorize all entities, persons, former employers, supervisors, courts, law enforcement, and other public agencies to respond to inquiries concerning me, to supply verification of the statements I have made, and to comment on and state opinions regarding my background, character, and qualifications. To encourage such persons and entities to speak openly and responsibly, I hereby release them from all liability arising from their responses, comments, and statements.

The Indiana-Kentucky Conference authorized volunteer recruitment process involves the sharing of information regarding applicants with those persons in a position to recruit, secure, and supervise both the position I am seeking to fill and program I am seeking to participate in. To that end, I authorize the IKC-UCC and its agents to circulate, distribute, and otherwise share information gathered in connection with this application to such persons for these purposes. I understand that the IKC-UCC will share with me information it has gathered about me, if I request it to do so.

If I am offered and accept employment or volunteer service with the Conference, I agree to comply with its published policies and rules, including those related to harassment of employees, reporting known or suspected child neglect or abuse and similar requirements. If requested to do so, I will cooperate with any Conference investigation of a possible violation of Conference policies and rules by providing complete and truthful information in an oral and/or written statement.

I acknowledge my receipt and understanding of the Indiana-Kentucky Conference Safe Conduct Policy.

PRINT NAME & SIGN	DATE
PRINT NAME & SIGNATURE PARENT OR GUARDIAN FOR APPLICANTS UNDER 18	DATE

NOTES: (Not True and No answers above)

For Office Use Only SOR Date Completed IKC/MCC rep