

# Everett Family Church Staff & Volunteer APPLICATION AND PROFILE

This application and profile is to be fully completed by all individuals, 12 years and older, working with the minors, handicapped, and elderly.

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## PERSONAL INFORMATION

First Name	Middle Name	Last Name	E-mail Address ( )
Address / /		City ( )	Zip Home Phone #
Birthdate / /	Cell/Work Phone #	Alternative Contact Method	
Anniversary Date (if applicable) / /	1. _____	3. _____	
Spouse's Name	2. _____	4. _____	
	Child(ren)'s Name(s) and Age(s)		

What are your favorite hobbies, interests, and pastimes? \_\_\_\_\_  
\_\_\_\_\_

Please describe your personality: \_\_\_\_\_  
\_\_\_\_\_

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## CHURCH & SPIRITUAL LIFE

Who is your EFC\* Community Group Pastor? \_\_\_\_\_

How long have you been a part of this Community Group? \_\_\_\_\_

Do you count yourself a follower of Jesus Christ and consider Him leader of your life?  Yes  No

Please describe in your own words. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been baptized since you gave your life to Jesus?  Yes  No

If so, when and where did this happen? \_\_\_\_\_

What other churches have you attended regularly in the past five years?

Church Name(s)	City & State	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

Why are you interested in doing community ministry with EFC? \_\_\_\_\_  
\_\_\_\_\_

In what other ways have you participated in community service? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* Everett Family Church is hereafter referred to as "EFC."

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## **POLICY ON CHILD ABUSE** *(Please read and be sure you understand this policy fully.)*

It is the belief of EFC that stringent guidelines are necessary in order to provide adequate protection from the damage that results when abuse of the vulnerable populations occurs or is suspected. We believe that these guidelines will provide greater security for the minors (0-18 years of age), handicapped (mentally and physically), and elderly in our programs, the volunteers who serve, and the entire church.

1. If anyone has reasonable cause to believe that abuse of any kind (sexual, physical, emotional) has occurred, they must report it to the EFC Staff person assigned to that ministry. In his/her absence, it must be reported to another EFC Staff person.
2. If a child discloses that he or she has been abused, (whether in the church or elsewhere), it must be reported immediately to the EFC Staff person assigned to that ministry. In his/her absence, it must be reported to another EFC Staff person.
3. The EFC Staff member, or the person believing abuse has occurred, will report the suspected abuse to the proper state authorities as soon as practical, but not later than 48 hours after knowledge of abuse was gained. The EFC Staff person, or person believing abuse occurred, will use the following procedure:
  - A. Notify the parent(s) – unless parent(s) is the suspected abuser.
  - B. Notify the investigating state agency, unless talk with parents was able to clarify that no abuse occurred.
  - C. If EFC Staff member reports the suspected abuse to the proper state authorities on behalf of the volunteer to whom the abuse was disclosed, the identity of the volunteer will remain anonymous and confidential.
4. EFC reserves the right to and will investigate the background of anyone who is involved in ministries to youth and/or children. Each person involved in ministry to youth and/or children will be required to sign and submit an Application and Profile and submit to EFC's Policy on Child Abuse. People with a known history of child abuse will not be allowed to work with children and/or youth.
5. EFC shall be responsible to insure that each volunteer is made aware of the following guidelines which shall guide the behavior of adults when with minors, handicapped, and elderly:
  - A. Volunteers will avoid situations in which they are alone with the above stated.
  - B. If a volunteer finds himself/herself unavoidably in a situation where he/she will be alone, the volunteer is to notify an EFC Staff person ahead of time or immediately thereafter.
  - C. It is the intent of EFC to model a wholesome relationship when in the presence of the above stated.
  - D. This policy shall be in effect for both EFC volunteers and EFC Staff persons who have contact with minors, handicapped, or elderly under the auspices of the Everett Family Church.

### **HANDLING DISCLOSURE**

#### GUIDELINE #1

Do not ask for specific details about the abuse; rather, allow a professional to gather the information at a later time.

#### GUIDELINE #2

After the disclosure occurs, document the time, date and specific details of the conversation.

#### GUIDELINE #3

Immediately report the disclosure to the EFC Staff person assigned to that ministry. In his/her absence, it must be reported to another EFC Staff person, at which time it will be decided who will report the incident. It will also be decided at this time whether or not the parents or guardians will be contacted.

*NOTE: Do not contact the parents or guardians if they are the disclosed abusers.*

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**PERSONAL REFERENCES** (Who have known you at 1+ years, not related, and know your ability to serve.)

**1) EFC Contact (Community Pastor or current connection to EFC)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_ Length of Time Known: \_\_\_\_\_

**2) Employer or Pastor (Past or present)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_ Length of Time Known: \_\_\_\_\_

**3) Someone who has worked with you in a paid/volunteer environment before.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_ Length of Time Known: \_\_\_\_\_

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**APPLICANT'S STATEMENT**

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give EFC any information (including opinions) that they have regarding my character and fitness for serving minors, handicapped, or elderly. In consideration of the receipt and evaluation of this application, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

I have read, do understand, and do agree to abide by the **Policy on Child Abuse** as set forth by the Everett Family Church.

Should my application be accepted, I agree to refrain from unscriptural conduct in the performance of my services on behalf of the church. I further state that **I have carefully read the foregoing release and know the contents thereof and I sign this release as my own free act.**

This is a legally binding agreement of which I have read and understand.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Parent's Signature** (if applicant is under 18 yrs)

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Print Name**