

Faith Lutheran Church Volunteer Form

Volunteer- A person who works for an organization without being paid

ANY VOLUNTEER MUST COMPLETE THE FOLLOWING VOLUNTEER RELEASE FORM BEFORE YOU MAY BEGIN YOUR ACTIVITIES IN OR ABOUT THE PREMISES OR ANY OFFSITE LOCATION.

Personal Information

Name: _____ Male Female Age: _____
Phone Number: (Home) _____ (Cell) _____
Address: _____
Street City State Zip Code
Email Address: _____ Ministry Area(s) of interest: _____

Emergency Contact Information

Emergency Contact Name: _____
Emergency Contact Phone Number: _____
Relationship to Volunteer: _____

Health History

Past Relevant Medical History: _____

Known Allergies: _____

Release

I acknowledge there are certain inherent risks serving as a volunteer, including but not limited to physical injury and death. I acknowledge that all risks cannot be prevented and I assume those beyond the control of Faith Lutheran Church leadership and staff. I represent that I am physically able, with or without accommodation, to participate in volunteer service, and that I am able to use the equipment and/or supplies described.

Should I require medical treatment as a result of accident or illness arising during volunteer work, I consent to such treatment. I acknowledge that Faith Lutheran Church does not provide health and accident insurance for volunteers and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment. I will notify Faith Lutheran Church staff/leadership at my volunteer site if I have medical conditions about which emergency personnel should be informed.

Background Investigation

For the safety of our Faith Family, all volunteers are encouraged to provide the following confidential information that will allow us to run a background investigation.

If you WILL NOT be working with anyone under the age of 18, you are not required to allow us, but are strongly encouraged.

In connection with your volunteer work with Faith Lutheran Church Grand Blanc, notice is hereby given that a consumer report and/or investigative consumer report may be obtained from a consumer reporting agency for employment purposes. These reports may contain information about your character, general reputation, personal characteristics and mode of living, whichever are applicable. They may involve personal interviews with sources such as your neighbors, friends, or associates. The reports may also contain information about you relating to your criminal history, credit history, driving and/or motor vehicle records, education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report prepared by contacting the Protect My Ministry 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618; Phone: 1-800-319-5581. For information about Protect My Ministry's privacy practices, see www.protectmyministry.com. The scope of this notice and below authorization is not limited to the present and will continue throughout the course of your volunteer work and all Faith Lutheran Church to conduct future screenings for retention, as permitted by law and unless revoked by you in writing.

Acknowledgment and Authorization

By signing below I hereby authorize the obtaining of consumer reports and/or investigative consumer reports by Faith Lutheran Church at any time after the receipt of this authorization and at any point throughout the course of my volunteer work.

Signature: _____ Date: _____

Print Name: _____

I HAVE READ AND FULLY UNDERSTAND THE RELEASE/WAIVER ON THE FRONT OF THIS FORM AND FULLY UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER VOLUNTARILY

Parents and guardians must sign if applicant is UNDER 18.

Name (Print): _____ Parent/Guardian (Print): _____

Signature: _____ Date: _____

Background Investigation Information

If you authorize Faith Lutheran Church to run a background investigation, please fill out the following completely confidential information. Once the investigation has been run, the information on this sheet will be shredded and destroyed and NO record of it will be kept in the office.

Print Name: _____

Date: _____

Driver's License #: _____

SSN: _____

Date of Birth: _____