

Today's Date \_\_\_\_\_




## CAPITAL CHRISTIAN CENTER VOLUNTEER APPLICATION/BACKGROUND CHECK AUTHORIZATION

This form must be returned to Capital's Risk Management Department in a **sealed envelope**. Form is not valid unless **signed, has Social Security number and birthdate (see page 2)**. If mailing, please return to: Risk Management Department, Capital Christian Center, 9470 Micron Avenue, Sacramento, CA 95827.

### Applicant Information

Full Legal Name (Last)	(First)	(Middle)	(Maiden Name)
Have you ever used a name other than the one listed above (i.e. former names such as AKA, other married names, surnames, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, please list all other names below: Other Name(s):			
Street Address	City	State	Zip
Home Phone	Cell Phone	Work Phone	Email Address
Preferred Method of Contact: <input type="checkbox"/> Email <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Work Phone    Best Contact Time:			
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	<b><u>Date of Birth</u></b>	<b><u>Social Security Number</u></b>
Volunteer Position Considering		Availability	
		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	
What hours are you available to volunteer?			
In Case of Emergency Notify		Name of Nearest Relative	
Phone		Phone	

**Volunteer Experience**

Have you ever volunteered in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No		If church, which Ministry/Dept: _____ Event Name: _____	
If school, which campus? <input type="checkbox"/> Early Ed <input type="checkbox"/> Elementary <input type="checkbox"/> Middle School <input type="checkbox"/> High School		Your Student's Name: _____	
Job Position	Supervisor	Start Date	End Date
Job Position	Supervisor	Start Date	End Date
Special Interests and Hobbies			
Do you have your own transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Driver's License <input type="checkbox"/> Yes <input type="checkbox"/> No DL #: _____ Issuing State _____	Liability Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
How many hours per week are you available to volunteer? Days _____ Evenings _____ Weekends _____			
Can you make a one-year commitment to this volunteer role (For School ONLY)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Would you be available for periodic volunteer training sessions? <input type="checkbox"/> Yes <input type="checkbox"/> No	When did you except Jesus as your personal Savior?
Why would you like to volunteer in the specific area you are requesting to volunteer in?			
What can you see yourself doing as you begin to volunteer?			
What qualities do you have that would help you work with children and/or youth?			
How were you parented as a child (For Cap Kids ONLY)?			
How do you discipline your own children (For Cap Kids ONLY)?			
Have you ever been exposed to an incident of child abuse or neglect? <input type="checkbox"/> Yes <input type="checkbox"/> No			
List any education, experience, certifications, or other training relevant to this volunteer position:			

**Church Information**

Do you consider Capital Christian Center to be your home church? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, are you currently attending another church? <input type="checkbox"/> No <input type="checkbox"/> Yes, church name:		
How long have you attended CCC?	Are you a member of CCC? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you regularly attend church? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Criminal History**

<p>Have you ever been charged, convicted of, or pled guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, other crimes of violence, theft or motor vehicle violations)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain fully:</p>
Do you currently have any criminal actions pending in which you are the defendant? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently on probation or parole? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been accused of or charged with any offense involving children? <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If you answered "yes" to any of the above questions, please explain the nature of the offense including disposition or current status and provide the date of the offense and the county and state in which it occurred.</p>

**Personal References (For those working with CHILDREN, KEYS or CASH ONLY)**

We request three personal references. Please choose people who know you well (former pastors, teachers, friends, non-family members) and give them a form to fill out. They should drop it off at the church or school office or send it in the mail to: 9470 Micron Avenue, Sacramento, CA, 95827. Please also list them below.

Name	Address	Phone	Occupation	Relationship
Name	Address	Phone	Occupation	Relationship
Name	Address	Phone	Occupation	Relationship

**Applicant Statement (read and sign below)**

I certify that this volunteer application was completed by me and that all of the information on this application is true and correct to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts called for herein will result in my disqualification from further consideration as a volunteer.

I understand that **ALL** student/staff information to which I have access as a Capital Christian Center/School volunteer is **confidential**. Such information might include, but is not limited to, academic, financial, employee and/or health information in written, oral, or electronic form. I agree not to discuss any confidential information, including, but not limited to, any descriptions of situations as well as names of students/staff. I also understand that even when I am no longer a volunteer for CCC/CCS confidential information I have learned as a volunteer must continue to be kept confidential. I understand that any breach of the confidentiality of student/staff information will result in my immediate termination as a volunteer at CCC/CCS and that I may be subject to civil liability in some cases.

My signature indicates that I promise to only share confidential student/staff information with authorized school authorities when required. My signature on this form indicates that I understand and agree to comply with the conditions stated in the CCC/CCS Volunteer Confidentiality policy provided to me on this form. I understand that this volunteer application is not valid without my signature.

The information contained in this application is correct to the best of my knowledge. I hereby authorize Capital Christian Center and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, employment credit history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to Capital Christian Center or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

**I hereby release Capital Christian Center, the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.**

Print Name	
<b><u>Signature</u></b>	Date

<b>FOR OFFICE USE ONLY</b>	
Date of interview/contact by department	GL # to charge
Interview/contact made by	Approved for clearance check ____
Date submitted to Risk Management	Live Scan needed ____