Volunteer Interest Form

Must Be Completed Every Three Years | Date Completed: _____

Personal Information

Last Name: _____ First Name: _____ Middle Initial: _____

Preferred Name: _____ Preferred Pronouns: _____

Street Address: _____ Apt #: _____

City/State/Zip: _____ Country: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ No Email: ☐

Preferred Spoken Language: _____ Second Language: _____

All About Me

Tell us a little about yourself by briefly completing these statements.

I am passionate about: _____

I am happy to help with: _____

I want to learn how to: _____

Please don't ask me to: _____

I thought you should also know: _____

Volunteer Interest Areas

☐ Community Ministries (General)

☐ Community Ministries (Wednesday Nights)

☐ Discipleship (Youth: Grades 6-12)

☐ Discipleship (Children: Grades PreK-5)

☐ Discipleship (Nursery: Infant-PreK)

☐ Discipleship (Adults)

☐ Fellowship / Special Events

☐ Hospitality

☐ Congregational Care

☐ Church Committee / Council _____

☐ Administration / Office

☐ Other _____

Volunteer Knowledge Areas, Skills & Abilities

Please list any special knowledge areas, skills, or abilities that you have related to the volunteer interest areas you checked above. Example: Classroom teaching experience, gardening, cooking, finance, etc.

_____

_____

_____

_____

_____

Flip form over to continue...

Volunteer Interest Form – Page 2

Protection Policy Agreement

I understand that Trinity has a Protection Policy that guides all work with children, youth, and vulnerable adults. Volunteers & staff are required to be familiar with the policy. It is available on the Trinity website and in classroom binders. Questions about the policy can be addressed to the Director of Discipleship.

Please Initial Each Line Below:

_____ I have reviewed Trinity's Protection Policy and agree to observe and abide by the policies set forth in it for the protection of children, youth, and vulnerable adults.

_____ I agree to participate in trainings provided by Trinity related to my area(s) of work.

_____ I agree to immediately report inappropriate behavior, suspicious activity, or observed abuse or allegations of abuse, as dictated in the Protection Policy.

Signature: _____ Date: _____

Volunteer Communication Consent

Trinity United Methodist Church desires to promote safety and to create a healthy environment for smartphones, instant messaging apps, texting, and other forms of digital communication between its volunteers, staff, and students who participate in activities where children, youth, and vulnerable adults are involved. As such, a Digital Communication Policy is included in our Protection Policy (pages 14-15).

Please Initial Each Line Below:

_____ I have reviewed Trinity's Digital Communications Policy and agree to observe and abide by the policies set forth in it.

_____ I understand that employees of Trinity, volunteers, and program participants are not to transmit any content that is illicit, unsavory, abusive, pornographic, discriminatory, harassing, or disrespectful when communicating with each other or with minors involved in ministry activities.

_____ I understand that if I become aware of abuse through digital media, I must immediately begin the reporting procedures contained in the Protection Policy.

_____ I authorize Trinity to obtain copies of telephone or internet records related to my interactions with vulnerable persons if needed to investigate or document an incident. I agree to help Trinity obtain any records it requests.

_____ I understand that any person who violates Trinity's Digital Communication Policy may lose electronic communications privileges and/or be removed from their Trinity staff or authorized volunteer position.

Signature: _____ Date: _____

Volunteer Interest Form – Page 3

Volunteer Photo Release

I hereby authorize and consent to the use of images (still photograph, digital image, or video), with or without my name(s), by Trinity United Methodist Church of Grand Rapids for purposes including but not limited to: promotional materials, printed publications, internet posts including social media, television, and other media sources. I do this with full knowledge and consent and waive all claims for compensation for use or for damages. I release Trinity United Methodist Church its officers, trustees, employees, and agents from liability for any claims by me or any third party in connection with the use of the image.

Signature: _____ Date: _____

Volunteer Background & Reference Check

I understand that to work with children, youth & vulnerable adults, I must complete a background & reference check through *Safe Gatherings* (https://safegatherings.com). The process must be completed every three years and includes an online training course. To get information on the status of a *Safe Gatherings* check, volunteers can login online or follow-up with Laura Johns, Director of Discipleship.

Please Initial Applicable Line Below, Agreeing That:

_____ To the best of my knowledge, my *Safe Gatherings* background & reference check is current and will not expire during this program year (September to May).

OR

_____ I commit to completing a new *Safe Gatherings* background check within 4 weeks of signing this form and give Trinity permission to run an iChat background check in the meantime to ensure compliance.

Signature: _____ Date: _____

Volunteer Interest Form – Page 4

Volunteer Driver Application (Optional)

In addition to the *Volunteer Interest Form* and the *Safe Gatherings* registration, background, and reference checks, this form must also be filled out in order for you to be a driver during events involving children, youth, and vulnerable adults. **A copy of your driver's license and proof of insurance is required for our files.**

Full Name: _____

Previous Last Name(s): _____ Date of Birth: _____

From Driver's License:

License Number: _____ Issuing State: _____

Expiration Date: _____

Has your driver's license ever been suspended or revoked? ☐ Yes ☐ No

If yes, please explain: _____

From Proof of Insurance:

Carrier Name: _____

Please Initial Each Line Below, Agreeing That:

_____ I am 21 years of age or older.

_____ I will wear and agree to require all passengers to wear seat belts or restraints.

_____ I will drive in a safe and responsible manner and will not exceed posted speed limits.

_____ I have auto insurance and will notify Trinity should the status of my insurance change.

_____ I have a valid driver's license and will notify Trinity should the status of my license change.

Signature: _____ Date: _____