



# Liberty Evangelical Free Church

*Sharing Christ through God's Word, Prayer and Relationships*

684 198th Avenue  
Pella, IA 50219  
Tel: (641) 628-1980  
Email: office@libertyefree.org  
www.libertyefree.org

## Application to Volunteer with Children & Students at Liberty Evangelical Free Church

### Personal Information

*This information will be used as an intentional process to provide a safe, caring, and secure environment for all children, youth, and adults who participate in ministries at Liberty EFC.*

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Marital Status:**  Single  Married  Divorced  Remarried  Widowed

**Spouses name (if married):** \_\_\_\_\_

**Are you and your spouse in agreement concerning your volunteering?**  Yes  No

**Children's names and ages/grade level:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Have you ever been employed in a position around children/youth:**  Yes  No

*If yes, please explain:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Have you ever been discharged, relieved of duties, or asked to remove yourself from volunteering with, or working with or on behalf of, children or others?**  Yes  No

*If so, please identify each situation in which you have been discharged, relieved of duties, or were asked to remove yourself from volunteering or working with children or others, and the*

reasons for the same. Please further provide the name, address, e-mail address and telephone number of your supervisor, manager or direct report for each such occasion.

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**Have you ever been convicted of a crime, other than a traffic citation?**  Yes  No

If yes, what was the charge, and when did it occur? \_\_\_\_\_

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**Have you ever been charged with a crime involving abuse (whether physical, mental, or sexual) of a child?**  Yes  No

If yes, when did it occur and what was the outcome? \_\_\_\_\_

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**Has a complaint of child abuse ever been found against you by the Department of Human Services?**  Yes  No

If yes, when did it occur and what was the outcome? \_\_\_\_\_

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### Church & Ministry Information

**Are you a member of Liberty Evangelical Free Church?**  Yes  No

If not, how long have you been attending? \_\_\_\_\_

**Please list the two most recent churches you were a member of or regularly attended?**

**Church name:** \_\_\_\_\_ **Dates attended:** \_\_\_\_\_

Address: \_\_\_\_\_

Pastor's name: \_\_\_\_\_

Ministry positions held: \_\_\_\_\_

**Church name:** \_\_\_\_\_ **Dates attended:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Pastor's name: \_\_\_\_\_  
Ministry positions held: \_\_\_\_\_

**Please list any previous non-church work with minors:**

**Organizations name:** \_\_\_\_\_ **length of service:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Description of work: \_\_\_\_\_

**Organizations name:** \_\_\_\_\_ **length of service:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Description of work: \_\_\_\_\_

**In which areas of ministry are you interested in serving at Liberty EFC and why are you interested in being involved in these ministry areas?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Personal References:**

*References: Please list three (3) people you have known for at least one year, who are not related to you and who have a definite knowledge of your character and qualifications to work with children/youth.*

**Social friend or neighbor:** \_\_\_\_\_ **Length of time known:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Employer or fellow employee:** \_\_\_\_\_ **Length of time known:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ **Occupation:** \_\_\_\_\_

Ministry Co-Worker:

Length of time known:

Address:

Phone:

Occupation:

**Applicants Statement:**

**Release Form:**

*The information on this form will be confidential. Only authorized persons (those who have a need to know in order to carry out their responsibilities for Liberty Evangelical Free Church or as required by law) will be able to review the form.*

1. **Have you ever been convicted of, or pled guilty to child sexual abuse, physical abuse, incest, sexual molestation, improper advances or improprieties?**       Yes     No

**For the protection of this church, for your protection, and for the safety of our children and youth, we request that you carefully read and sign the following:**

- I grant permission for church leadership to conduct an optional background check of my record and references (if 18 years or older).*
- I hereby release and hold harmless from all liability all persons, organizations, and other entities which provide references or information to Liberty Evangelical Free Church with regard to my background, fitness and character; provided they do so in good faith and without malice.*
- I hereby hold harmless from liability Liberty Evangelical Free church, its pastors, staff, employees, and volunteers with regard to any decision that is made regarding my application. Should my application be accepted, I agree to uphold the By-laws, guidelines, and Statement of Faith of this church. Further, I agree to refrain from unscriptural conduct in the performance of my services, public or private, on behalf of this church.*

**I have read and I understand the Child Protection Plan and this application. I understand that this is a legally binding agreement that will be held in confidence.**

Applicants signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_

# AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS CHECK

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**Instructions: If you are 18 years of age or older, please fill in the blanks, sign and date.  
Please return form to Samatha Meinders at the Church Office.**

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I, \_\_\_\_\_, hereby authorize Liberty Evangelical Free Church of Pella, IA to request the release information regarding any record of charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is a local, state, or national file, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by state and federal law. I do release all liability that may result from any such disclosure made in response to this request.

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Signature of Applicant

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Date

Print applicant's full name: \_\_\_\_\_

Print all other names that have been used by applicant (if any):

\_\_\_\_\_  
\_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Social Security number (REQUIRED) \_\_\_\_\_

Current Address: \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip: \_\_\_\_\_ Phone # \_\_\_\_\_

Received by \_\_\_\_\_ Date: \_\_\_\_\_