

## For Office Use Only

Start Contact	Date Received
Follow Up	Date Submitted
Background Check	Date Entered
Entered in Database	Added to Mailing List

#### **VOLUNTEER COMMITMENT FORM**

As a volunteer for the ministry of YouthHope, I commit and agree with the following requirements listed below:

- I commit to living a life of godly personal disciplines: having a vital, daily relationship with Jesus Christ, regular church attendance and involvement, and striving to live my life according to Biblical principles.
- I commit to being at all of my personal scheduled ministry times unless I'm hindered by my work, sickness, or vacation. I will contact the lead YH staff member of my area of ministry well in advance of any planned absences.
- I commit to pray weekly for the ministry of YH and the children/teens with whom I am working.
- I am not involved with things that might hinder my Christian growth or witness to unbelievers and am not addicted to any compulsive, unhealthy behaviors such as gambling, smoking, drinking, pornography, eating disorders, gossip, etc.
- I am not involved in adultery, fornication, or dating of non-Christians.

Signature

<ul> <li>I am committed to my area of minist children and teens of YH.</li> </ul>	try and in modeling a healthy, God-honoring lifestyle to the
for the ministry of YH. I also agree to e	_ , by signing below, commit to the requirements listed above exempt and relieve YouthHope of any liability for personal injusossessions, in the course of my ministry at YH. Additionally, I clined below.
Term of commitment:(Time frame: i.e. 3 months, 1 year, etc.)	Beginning:

Date

### YOUTHHOPE STATEMENT OF FAITH

Please sign the Statement of Faith below, if you completely adhere to it.

- We believe the Bible to be the inspired, the only infallible, authoritative Word of God.
- We believe that there is one God, eternally existent in three persons: Father, Son, and Holy Spirit.
- We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory.
- We believe that for the salvation of lost and sinful man, regeneration by the Holy Spirit is absolutely essential.
- We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life.
- We believe in the resurrection of both the saved and the lost; they that are saved unto the resurrection of life, and they that are lost unto the resurrection of damnation.
- We believe in the spiritual unity of believers in our Lord Jesus Christ.
- We believe in a monogamous marriage between one man and one women as the only biblically based marriage.

Without mental reservation, I hereby subscribe to the above statements and have determined by precept and example to live out these truths.				
Signature	 Date			

#### YOUTHHOPE APPLICATION

This application is to be completed by all those desiring to get involved at YouthHope. It is used to help us provide a safe and secure environment for the minors who participate in the programs at Youth-Hope. The information on this application will not be disclosed to unauthorized persons.

## **BASIC INFORMATION** \_\_\_\_\_City:\_\_\_\_\_\_State:\_\_\_\_\_Zip:\_\_\_\_\_ Address: \_\_\_\_ Home Phone: Cell Phone: Email Address: \_\_\_\_\_ Birthday: /\_\_\_/ Current Age:\_\_\_\_ Gender: Male Female Martial Status: S M D W Number of Children: Ages: Occupation:\_\_\_\_\_Name of Employer:\_\_\_\_ If under 18, name of parents: Do you have a personal relationship with Jesus Christ? Briefly Describe: Do you have a home church? Do you have a driving record? If so, please explain: Have you been convicted or arrested for anything besides a traffic violation? What: \_\_\_\_\_ When: Do you use: Tobacco?\_\_\_\_\_Alcohol?\_\_\_\_\_ Drugs?\_\_\_\_\_Pornography?\_\_\_\_\_ List any leadership/volunteer experience you have: List any training or education that has prepared you to work with children: **Location Preference** Moline Youth Center Rock Island Youth Center Camp Summit Age Preference Elementary Junior High High School College **Volunteer Roles** Mailing Crew Food Pantry Small Group Leader Tutor Worship Leader ☐ Transportation Administrative Special Events Recreation Janitorial/Facilities M.A.D. Skills Other

# PERSONAL REFERENCE CHECK

Please list three	e references:		
1. Name:		Relationship:	
Phone:		Email:	
2. Name:		Relationship:	
		Email:	
3. Name:		Relationship:	
		Email:	
*By signing this	s form, you give your permission to con	tact your personal references.	
Signed		Date	
	Would you like to hear about impact a  I would like to receive the You  I would like to receive YouthHo	thHope newsletter ope email announcements	

#### PRE-NOTIFICATION OF BACKGROUND INQUIRY

For and in consideration of my application for summer counselor with YouthHope, I hereby authorize and request that an "investigative consumer report" (background inquiry) be compiled regarding the undersigned. I understand that this inquiry may include information regarding my character, personal characteristics, and mode of living, and general reputation.

By placing my signature below, I acknowledge that this background inquiry may involve the request of any or all of the following (as allowed by law):

- Any public record of criminal convictions.
- Any incident of dishonesty, theft, moral turpitude, violence, or drug-related offenses reported by merchants, employers, businesses or individuals.
- Any credit bureau report.

Signature:

- Any driving history related to infractions or accidents.

	Any previous employment records Any public, semi-public, or proprietary records from any record repository
	(Initials of applicant)
р	hereby authorize and request the cooperation of any governmental or law enforcement agencies, credit bureaus, proprietary databases, former employers, business sources, or individuals called upon by YouthHope or its authorized agent(s) in the release and dissemination of the requested information.
	(Initials of applicant)
e a g	further authorize YouthHope and/or its agent(s) to make further like inquiries from time to time, as deemed necessary for employment purposes. I waive any further notice with respect to the inquiries made by or on behalf of YouthHope, and agree to generally release and fully discharge YouthHope, every agent, every such law enforcement agency, every such governmental agency, every such prior employer, every such credit bureau, database, or individual with regard to the elease and dissemination of the requested information.
	(Initials of applicant)
made ba action/d	tand that I may obtain a free copy of this "consumer report," where applicable, if an adverse action or decision is ased upon the information in the "consumer report." I must make a written request within 60 days of the adverse lecision. A photocopy of this authorization and release shall be considered as effective and valid as the original.  Int., please complete all of the following information (additional pages may be used, if needed):
Full Lega	al Name:
Addresse	es for the last seven years (please put current address first, then put most recent to oldest):
Previous	Names or aliases: Social Security Number:

The information requested above is done so for the purpose of conducting a pre-employment and continued employment investigation only. YouthHope is an equal opportunity employer. It is our policy to provide employment without regard to age, race, color, national origin, sex, marital status, or disability.

\_\_\_\_\_\_Date:\_\_\_\_/\_\_\_/

Parent Signature if under 18: \_\_\_\_\_\_ Date: \_\_\_/\_\_/