

## **The Episcopal Church of the Holy Cross Faith Formation Volunteer Registration**

The *front and back* of this form is to be completed by all new volunteers for children's ministry within the community of Holy Cross. This is not an application form. This information is requested in accordance with Diocesan guidelines with the single purpose to assist those with leadership responsibilities for our Holy Cross community in providing a safe and secure environment for all who participate in our programs and use our facilities.

Full First Name: \_\_\_\_\_ Middle initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

How long have you been a member of Holy Cross? \_\_\_\_\_

List all previous church work involving children \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted or plead guilty to a crime? (If yes, please explain) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you currently use illegal drugs? \_\_\_\_\_

Have you used illegal drugs within the last year? (If yes, please explain) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Personal references (not relatives)

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Within the last year, I have read and understand the *Guidelines and Procedures in Cases of Sexual Abuse and Sexual Misconduct* published by the Episcopal Diocese of Olympia, Seattle.

I agree to attend "Safeguarding God's Children" training, within two months of my employment. Date of actual class \_\_\_\_\_  
Office use only Initial

I have received and agreed to follow the established guidelines set forth by Holy Cross Episcopal Church regarding prevention, detection and reporting of child abuse. Initial

I willingly consent to a criminal background check provided by the Washington State Patrol. In order to do so I need to provide the following information:  
Driver's License , SS# \_\_\_\_\_ DOB: \_\_\_\_\_  
mm/dd/yyyy Initial

I understand that all information contained in this form and in the criminal background check *will remain confidential*. Initial

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date