The Episcopal Church of the Holy Cross Children's Ministry 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 this worshipping 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 crit	
Do you currently use illegal drugs?	
Have you used illegal drugs within the last year? (If y	yes, piease explain)

Personal references (not relatives)	
Name:	
Address:	
Phone:	
Relationship:	
Name:	
Address:	
Phone:	
Relationship:	
Within the last year, I have read and understand the <i>Guidelines and Procedures in</i> of Sexual Abuse and Sexual Misconduct published by the Episcopal Diocese of O Seattle. Within the last year, I have completed a "Safeguarding God's Children" training a hosted by the Diocese of Olympia.	lympia, Initial
Date /Place of Training	Initial
I have received and agreed to follow the established guidelines set forth by Holy Episcopal Church regarding prevention, detection and reporting of child abuse.	Cross Initial
I willingly consent to a criminal background check provided by the Washington S Patrol. In order to do so I need to provide the following information: Copy of my drivers' license, SS #My date of birth:	
	d/yyyy
	Initial
I understand that all information contained in this form and in the criminal backgr	round

check will remain confidential

Signed