



## Volunteer Application Form

Last Name:	First:	Initial:	Maiden <small>(Other Names used):</small>
Birth date:		Social Security Number:	
Address:			
<small>Street</small>	<small>City</small>	<small>State</small>	<small>Zip</small> <small>County</small>
How long have you lived in Iowa?		At the above address?	
Phone: (      )		Email:	
Cell Phone or Digital Pager: (      )			
Occupation:		Place of Employment:	
May we contact you at work? <input type="checkbox"/> No <input type="checkbox"/> Yes		Work Phone: (      )      -	
Education (include degrees, special training, etc.):			
Do you have any restrictions or health limitations? <input type="checkbox"/> No <input type="checkbox"/> Yes    If yes, please comment:			
Current Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced			
Spouses Name:			
<small>Last</small>	<small>First</small>	<small>Middle Initial</small>	<small>Maiden</small>
Occupation:		Place of Employment:	
Do you have children? <input type="checkbox"/> No <input type="checkbox"/> Yes    If yes, please list below (use additional space if needed):			
Name	Age	Name	Age
Name	Age	Name	Age
Name	Age	Name	Age



## Volunteer Application Form

Do you have access to a car?  No  Yes  
 If yes, are you willing to use your vehicle for transporting youth in your volunteer duties?  
 No  Yes

Do you have liability insurance?  No  Yes

Please complete and attach the following:

Liability Insurance Statement       Copy of Driver's License & Insurance Attached

*\*All volunteers are required to provide us with a copy of a driver's license and proof of insurance.*

Please list 3 references of people you have known for at least one year. One of whom must have seen you interacting with children/teens before. No family members. Include your pastor under church.

***Information will be kept confidential.***

Name	Address	Zip	Phone or Email

Church Membership:

Church Address:

Pastor:

Phone or email:

Have you ever been arrested or convicted of any crime other than a minor traffic violation?

No  Yes If yes, briefly explain:


Are you or have you ever been the subject of an indicted child abuse and maltreatment report on file with the Washington, DC Central Registry of Child Abuse and Maltreatment, or elsewhere, or penalized for maltreatment of a child?

No  Yes If yes, briefly explain:








## CHILD ABUSE REGISTRY and CRIMINAL RECORD DISCLOSURE STATEMENT

If you have any history of instances involving child abuse, neglect, or sexual abuse OR any history of a criminal record, please complete SECTION I below. If no history applies, please complete SECTION II below.

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### SECTION I:

I hereby disclose the following information regarding a criminal record and any substantiated instances of child abuse, neglect, or sexual abuse by me. I hereby authorize the SOY Network personnel to submit and complete any criminal or child abuse background checks deemed necessary for my approval to be a SOY Network volunteer.

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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### SECTION II:

I hereby state by my signature below, that I have no history of substantiated instances of child abuse, neglect, or sexual abuse or criminal record. I hereby authorize the SOY Network personnel to submit and complete any criminal or child abuse background checks deemed necessary for my approval to be a SOY Network volunteer.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## LIABILITY INSURANCE MAINTENANCE STATEMENT

As a volunteer for *Serve Our Youth Network of Iowa* and the possible need or event that I may transport children and youth in my vehicle I hereby understand and agree to the following:

- ✓ Provide a copy of automobile liability insurance for any vehicle that may be used to transport children and youth in conjunction with my responsibilities as a volunteer.
- ✓ Agree to maintain the automobile liability insurance referred to above.
- ✓ In the event of loss of insurance on a vehicle, I agree to inform a *Serve Our Youth Network of Iowa* employee promptly and refrain from providing any transportation of youth connected to my volunteer work with this program.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
*SOY Network* Employee Signature

## WAIVER STATEMENT

As a volunteer for *Serve Our Youth Network of Iowa* I will not be providing any type of transportation of children or youth in my vehicle and therefore do not need to provide or maintain the automobile liability insurance referred to above.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
*SOY* Employee Signature



## Standards of Conduct Policy

The standards listed below describe, in general terms, conduct expected of all Serve Our Youth Network volunteers and staff. In abiding by these standards, it is expected that volunteers will view their obligations in as wide a context as the situation requires and choose a course of action consistent with the intent and spirit of these standards.

All volunteers and staff shall:

1. Maintain a level of behavior which promotes:
  - a) The welfare and safety of program participants, volunteers, staff and collaborative resources;
  - b) The effectiveness of the programs;
  - c) The credibility of Serve Our Youth Network and its member congregations; and
  - d) A healthy level of trust between program participants, staff, volunteers and collaborative resources.
2. Regard the welfare and safety of program participants, other volunteers and staff as primary obligation.
3. Not subject any program participants or other individuals to sexual, physical, mental or emotional abuse. If abuse is suspected it must be reported.
4. Not to discriminate with regard to race, color, age, religion, gender, national origin, affectional or associational preference, or any other classification that deprives any person consideration as an individual.
5. When in public, distinguish clearly between statements and actions you take which are your own, personally, and those which represent Serve Our Youth Network or collaborative agencies.
6. Establish and maintain relationships with program participants based upon and consistent with your role as a volunteer and staff. Recognizing the vulnerability of program participants, volunteers and staff should ensure that their behavior does not carry personal or sexual overtones that could be interpreted as indicating interest in something other than a professional/mentoring relationship.
7. As a mentor and employee, you have the right and responsibility to promote/teach/model societal values, and to set expectations accordingly. Volunteers and staff must understand that this in no way allows them to impose their own political, religious, philosophical or sexual beliefs on program participants.
8. Use information gained in professional relationships/mentoring in a responsible manner, respecting the confidential nature of this information.
9. Assist in promoting an environment in which excellence of service is standard.
10. Be sensitive to and respect cultural diversity.
11. Use sound professional judgment in communication to minimize the creation and continuance of rumors or other false information.
12. Volunteers and staff of Serve Our Youth Network will be open to listening to issues and concerns of one another.

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Signature

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Date

*Providing Resources & Relationships Where God's Hope and Healing Are Shared*



## Confidentiality Policy

Protecting the interest of the program participants at Serve Our Youth Network is of utmost importance. Therefore, no information shall be divulged about a particular participant to anyone except those authorized to receive such information.

### Procedure

- ❖ If there is ever a doubt who to give information to, inquiries shall be referred to Serve Our Youth Network staff.
- ❖ No information shall be released over the telephone unless it is absolutely certain that the caller is authorized to receive the information requested. Even acknowledgment that an individual is a participant in SOY can be a breach of confidentiality.
- ❖ Consideration shall always be given to the manner in which the information will be used and the effect it will have upon the program participants' situation. Common sense and discretion shall be primary determining factors.
- ❖ The contents of a program participants' case file are not open to inspection by anyone other than the authorized personnel at Serve Our Youth Network. Other authorized individuals may include the referral source.
- ❖ Serve Our Youth Network volunteers and staff may occasionally be required to testify and/or present agency records in court. However, no testimony shall be given or records presented unless subpoenaed. Once subpoenaed, Serve Our Youth Network staff shall contact legal council to seek guidance as to the court process and any further instructions.
- ❖ NOTE: Confidentiality must be breached in the event that a youth discloses the following types of information (these must be reported immediately):
  - plans to hurt self or others,
  - plans to run away,
  - information regarding any type of abuse that has been experienced

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



### Waiver Agreement and Statement

For Criminal History Record Checks under the National Child Protection Act of 1993 (NCPA), as amended by the Volunteers for Children Act (VCA)

Pursuant to the National Child Protection Act of 1993 (NCPA), as amended by the Volunteers for Children Act (VCA), this form must be completed and signed by every current or prospective employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity under these laws.

I hereby authorize (*Name of Qualified Entity*) \_\_\_\_\_ to submit a set of my fingerprints and this form to the Iowa Department of Public Safety (DPS), Division of Criminal Investigation (DCI) for the purpose of accessing and reviewing Iowa and national criminal history records that may pertain to me. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any Iowa and/or national criminal history record that may pertain to me to the qualified entity with which I am or am seeking to be employed or to serve as a volunteer, pursuant to the NCPA/VCA.

I understand that, until the criminal history record check is completed, the qualified entity may choose to deny me unsupervised access to children, elderly or individuals with disabilities. I further understand that, upon request, the qualified entity will provide me a copy of the criminal history record check, if any, received on me and that I am entitled to challenge the accuracy and completeness of any information contained in such report. I may obtain a prompt determination as to the validity of my challenge before a final decision is made about my status as an employee, volunteer, contractor or subcontractor.

I  **have** OR  **have not** been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below:

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

I am a current or prospective (check one):  Employee  Volunteer  Contractor/Vendor

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**TO BE COMPLETED BY QUALIFIED ENTITY:**

Entity Name: Serve Our Youth Network

Address: 309 Roosevelt Rd Pella IA 50219

Telephone: 641-620-9037 Fax: \_\_\_\_\_

Entity Assigned OCA: SOYN

Please retain all signed waivers on file for future reference.