

# Volunteer Form

Personal & confidential information of teachers and volunteers who wish to volunteer in any of the Highland Oaks Volunteer Ministries

This information is to be provided by all persons seeking to voluntarily work with children or students or in other ministries as a background need is determined. The information will be used to help the church provide a safe and secure environment for those children and youth who participate in our programs and use our facilities.

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Previous Address (if less than 5 years at current address): \_\_\_\_\_

\_\_\_\_\_

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

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

Drivers License Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

## Personal references

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

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

Have you ever been convicted of a crime? ( ) No ( ) Yes Explain: \_\_\_\_\_

\_\_\_\_\_

## Transportation Information (for those who will be driving personal or church vehicles)

Vehicle Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

List all accidents and infractions with dates that are reflected in your driving record: \_\_\_\_\_

\_\_\_\_\_

The information contained herein is true and correct to the best of my knowledge. By my signature, I hereby give permission to HOCC staff to perform an annual background check for HOCC volunteer ministries, for as long as I am actively involved in HOCC volunteer ministries. I understand that I can rescind my permission by submitting a written request to the Executive Minister at any time.

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

Office Use Only – Date National Background Check Run: \_\_\_\_\_ Initials: \_\_\_\_\_