



# River City Volunteer Application For Work with Children or Youth

This form is to be completed by any applicant for a volunteer position within River City Church involving the supervision or custody of minors. We recognize that this form is extensive, but ask for your help in completing the form in its entirety. Your cooperation will assist church leaders in their efforts to provide a secure environment for children or youth who participate in our programs and use our facilities. Your responses will remain confidential, although there may be circumstances where such information may be provided to individuals working with our ministry and to other individuals in order to evaluate your application and/or to comply with applicable legal requirements.

**Please check the box for the ministry in which you are primarily interested in serving:**

- Nursery (Ages NB-3)
- RiverCityKids (Ages 3-7)

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

**PERSONAL DATA**

Full Name: \_\_\_\_\_ Former Name(s): \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Mobile (\_\_\_\_) \_\_\_\_\_

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

Date of Birth (month/date/year): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Permanent Street Address (if applicable): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

- Check if it is permit River City to be add you to the River City children’s ministry Facebook group(s)
- Check if you permit River City to add your contact information to our children’s ministry volunteer contact sheet

**SPIRITUAL HISTORY**

How long have you attended River City Church? \_\_\_\_\_

Are you a member of River City Church? Yes \_\_\_ No \_\_\_

Are you actively involved in a Missional Community? Yes \_\_\_ No \_\_\_

If so, which one? \_\_\_\_\_

Do you attend worship services regularly (3 or more a month)? Yes \_\_\_ No \_\_\_

Have you been baptized? Yes \_\_\_ No \_\_\_

If you have attended River City Church for less than one year, please provide the name, address and phone number of previous church:

Name of Church \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

In a brief paragraph, please outline your spiritual journey, including when you received Christ as your Savior (your testimony).

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Have you taken any courses or received any training that would equip you for Christian ministry? If so, please list:

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**QUALIFICATION AND AVAILABILITY FOR SERVICE**

Please answer the following questions about your experience and desire to work with children:

On what date would you be available to start serving? \_\_\_\_\_

How long do you intend to serve in this ministry (at a minimum)? \_\_\_\_\_

List any conditions which would prevent or inhibit your ability to volunteer for River City Church (i.e. lifting toddlers, medical conditions, handling an emergency, job/school, etc.):

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Why would you like to get involved with this ministry?

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**PRIOR WORK EXPERIENCE WITH CHILDREN:**

Describe any past work with children including organization and approximate dates (if applicable): \_\_\_\_\_

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**WORK EXPERIENCE HISTORY**

Please list your last two places of employment, and briefly describe your job:

- 1. Employer: \_\_\_\_\_  
Job: \_\_\_\_\_
- 2. Employer: \_\_\_\_\_  
Job: \_\_\_\_\_

**EDUCATION**

Please check highest level of education completed.

\_\_\_\_ High School    \_\_\_\_ College    \_\_\_\_ Graduate    \_\_\_\_ Other

Where did/do you attend school (if applicable)? \_\_\_\_\_

What was/is your field of study? \_\_\_\_\_

**PERSONAL REFERENCES** (Please list at least 2 non-relatives)

\*Note: Personal references must include supervisors, co-workers etc. from your work experience with children. If you have no previous experience working with children, please include people that know you well.

- 1. Name: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
Complete Mailing Address:  
\_\_\_\_\_  
\_\_\_\_\_

- 2. Name: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
Complete Mailing Address:  
\_\_\_\_\_  
\_\_\_\_\_

- 3. Name: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
Complete Mailing Address:  
\_\_\_\_\_  
\_\_\_\_\_

## LEGAL QUESTIONNAIRE

**Must be completed by all applicants. If you reply “yes” to any of the following questions, please provide details in the space below.**

1. Have you ever been convicted of or charged with a criminal offense (felony or misdemeanor, except for minor traffic violations)? You will need to answer, “Yes” if you have entered into a plea agreement, including a deferred sentence or deferred judgment arrangement, in connection with a criminal charge.

**Yes                  No**

\*\* If you have been convicted of such an offense, you will be asked to explain to the committee during your acceptance interview.

2. Have you ever been arrested for or charged with a sexual offense, offense relating to children, or crime of violence (that is not covered in question 1 above)?

**Yes                  No**

\*\* If you have been arrested for or charged with such an offense, please attach a statement or explanation, including nature of offense charged, date, law enforcement agency making the charge, and any other relevant information.

3. Have you ever been reported to a social services agency, law enforcement authority, child abuse registry, or similar organization regarding abuse or misconduct involving children?

**Yes                  No**

4. Have you ever been subjected to expulsion, reprimand, or other discipline by a church, denomination, or other religious organization?

**Yes                  No**

5. Have you ever been the subject of a civil lawsuit involving sexual misconduct, sexual harassment, or other immoral behavior or conduct, involving adults or children?

**Yes                  No**

6. Have you ever been the subject of a complaint or disciplinary proceeding against a professional license or other license held by you, including but not limited to a license to provide childcare or similar services?

**Yes                  No**

7. Have you ever been the subject of any disciplinary action, transfer, or dismissal, or been named as a defendant in a civil or criminal lawsuit, as a result of an accident or mishap involving children?

**Yes                  No**

8. Have you ever been subject to any disciplinary action (including discharge) or investigation by a church, religious or other organization, or by an employer?

**Yes                  No**

If your answer to any of the questions 3–8 is “Yes,” for each positive response, please provide the following information in the space provided:

- a.) Date and complete description of the circumstances.
- b.) Name and address of the church, employer or other organization involved.
- c.) Name and telephone number of a person familiar with the circumstances.

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

Print Name \_\_\_\_\_

Received by: \_\_\_\_\_ Date \_\_\_\_\_

River City Church  
323 Main Ave.  
Fargo, ND 58104  
rivercityfargo.org

APPLICANT'S STATEMENT, AUTHORIZATION, and RELEASE

AUTHORIZATION FOR CRIMINAL RECORDS CHECK (MANDATORY)

A criminal records check is mandatory for every individual who works or plans to work with Children and/or Youth at River City Church.

I hereby request and authorize River City Church of Fargo, ND to obtain all information which pertains to any record of convictions contained in its files or any law enforcement files or in any criminal file maintained on me whether local, state or national. I hereby release River City Church and the agency conducting the search from any and all liability resulting from such disclosure.

today's date \_\_\_\_\_ date of birth \_\_\_\_\_ place of birth \_\_\_\_\_  
(city & state)

legal name (print) \_\_\_\_\_ maiden name \_\_\_\_\_  
(First) (Middle) (Last)

current address \_\_\_\_\_  
(street) (city) (state) (ZIP)

time at current address \_\_\_\_\_ years, \_\_\_\_\_ months

drivers license # and state \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

signature \_\_\_\_\_

My signature above authorizes River City Church to perform a criminal history search at any time within 3 years of today's date.

Note: A report concerning a crime related to assault, battery, abuse or sexual misconduct will automatically disqualify the applicant from ministry with minors. Any other reported misdemeanor or felony will be discussed with you and will be considered on a case-by-case basis.

APPLICANT'S STATEMENT

The information contained in this application is correct to the best of my knowledge. I authorize any references listed in this application to give River City Church any information (including opinions) that they may have regarding my character and fitness for ministry with children. In consideration of the receipt and evaluation of this application by River City Church, I hereby release any individual, church, youth organization, charity, employer, reference, or any person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may result at any time to me, my heirs, or family on account of compliance or attempt to comply with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization in this application.

Should my application be accepted, I agree to refrain from unbiblical conduct.

I further state that I HAVE READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement, which I have read and do understand.

applicant's signature \_\_\_\_\_ date \_\_\_\_\_

**REFERENCE REQUEST FORM**

Reference Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Submitted By: \_\_\_\_\_

The individual noted above has applied with River City Church to work with our children in the \_\_\_\_\_ program in the position of \_\_\_\_\_.

He/she has listed you as a personal reference and we would appreciate your response to this questionnaire. Please be assured that the responses that you make here will be held in strict confidence.

1. How long have you known the applicant? \_\_\_\_\_

2. In what capacity have you known him/her?

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

3. How would you describe his/her abilities to work with children? \_\_\_\_\_

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

4. How would you describe the applicant's judgment and decision-making?

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

**5. Do you know of any reason why the applicant should not work with children?**

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

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

**REFERENCE CHECK RECORD**

Record of Contact with References and Churches Identified by a Volunteer Applicant

Name of Applicant: \_\_\_\_\_

REFERENCE/CHURCH CONTACTED: \_\_\_\_\_

Date \_\_\_\_\_ Method of contact: ( ) phone ( ) letter ( ) email

Person making contact: \_\_\_\_\_

Summary of contact: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did the reference refuse to provide information? \_\_\_\_\_

REFERENCE CONTACTED: \_\_\_\_\_

Date \_\_\_\_\_ Method of contact: ( ) phone ( ) letter ( ) email

Person making contact: \_\_\_\_\_

Summary of contact: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did the reference refuse to provide information? \_\_\_\_\_

REFERENCE CONTACTED: \_\_\_\_\_

Date \_\_\_\_\_ Method of contact: ( ) phone ( ) letter ( ) email

Person making contact: \_\_\_\_\_

Summary of contact: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did the reference refuse to provide information? \_\_\_\_\_



INTERVIEW DATA FORM  
River City Church

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Interviewer(s) Name(s): \_\_\_\_\_  
Last First Middle

\_\_\_\_\_

Last First Middle

Worker Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

Position(s) Interviewed For: \_\_\_\_\_

1. Please discuss why you would like to be involved in this ministry: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Please discuss your past experiences doing similar work with children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Please describe any specific training that you have that would be helpful to you in this position: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please describe your most rewarding experience(s) working with children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Please describe your least rewarding experience(s) working with children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Please describe your personal experience of finding faith in Christ: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Please describe your personal experiences and involvement at River City:

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8. What questions can we answer for you regarding this position or other aspects of River City's Ministries? \_\_\_\_\_

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Interviewer(s) Assessment(s):

Interviewer(s) Signature(s): \_\_\_\_\_  
\_\_\_\_\_

Referral Date: \_\_\_\_\_

**VOLUNTEER APPLICATION APPROVAL PROCESS**

(For Office Use Only)

Name of Volunteer: \_\_\_\_\_

Ministry Area: \_\_\_\_\_

1. Reference check completed (date completed): \_\_\_\_\_

2. Government records check (date completed): \_\_\_\_\_

3. Interview date: \_\_\_\_\_ Name of Interviewer(s): \_\_\_\_\_

4. Initial Volunteer Policy Training (date completed): \_\_\_\_\_

5. Continued Training

Topic/Subject: \_\_\_\_\_ Date: \_\_\_\_\_

Topic/Subject: \_\_\_\_\_ Date: \_\_\_\_\_

Topic/Subject: \_\_\_\_\_ Date: \_\_\_\_\_

Topic/Subject: \_\_\_\_\_ Date: \_\_\_\_\_

River City Nursery/River City Kids  
Accident/Illness Report Form

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

Name of Person Reporting: \_\_\_\_\_

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

Child's Name: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Report is covering an (check one):     Accident     Illness

Please describe in detail what happened:

Please describe in detail the care given the child:

When and how were the parents contacted:

\_\_\_\_\_  
Signature of Reporting Person