

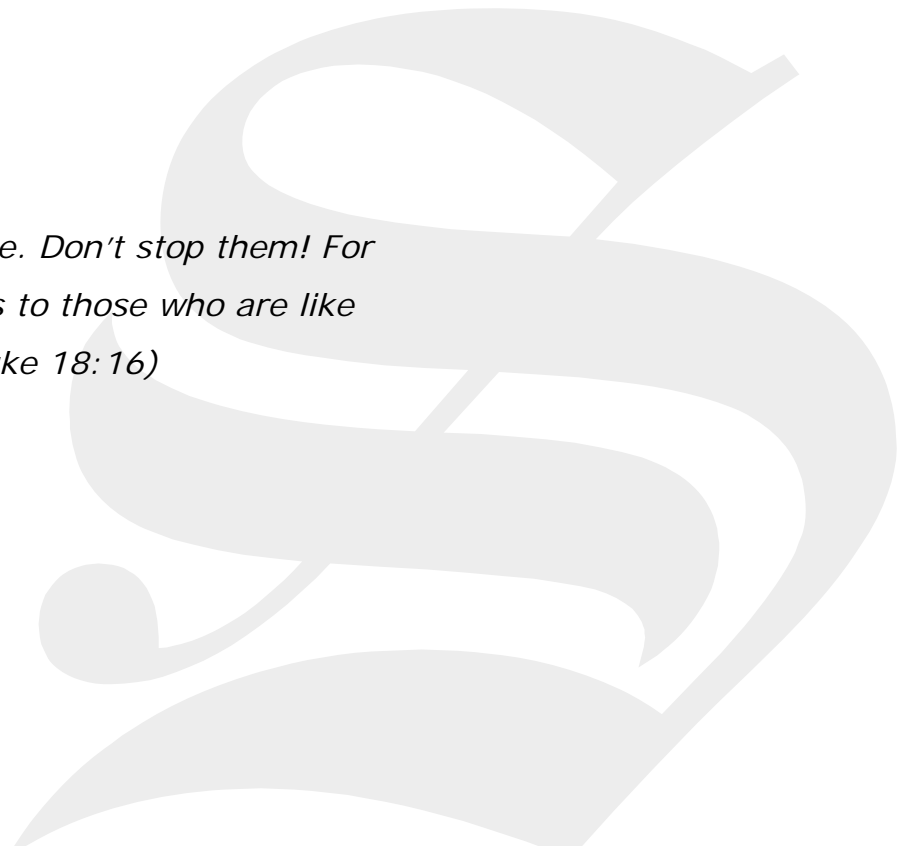
Soma Children's Ministry

Volunteer Application Packet

We love our children at Soma. To protect and steward our kids well, we ask you to fill out this application before you serve on the Children's Ministry Team.

Turn in completed forms to any Children's Ministry Team Leader.

"Let the children come to me. Don't stop them! For the Kingdom of God belongs to those who are like these children." ~ Jesus (Luke 18:16)



Volunteer Application

Personal Information

Name: _____
Last First Middle

Identity must be confirmed with a state's driver's license or other photographic ID.

Do you have a current driver's license?

Yes: DL Number: _____

No: list other photographic ID used and number

E-mail Address: _____

Street Address: _____

City, State, Zip _____

Home Phone: (_____) _____

Mobile Phone: (_____) _____

Have you ever been convicted of or pleaded guilty to a crime?

Circle one: No Yes

If yes, please explain (attach a separate page if necessary) _____

Church History & Prior Children's Work

Check the area(s) where you would like to serve:

- Nursery Classroom (under 2)
- Toddler Classroom (2's & 3's)
- Pre-School Classroom (4's & 5's)
- Mission Kids Classroom (K-5th grade)
- Toy Cleaning Team
- Classroom Sanitization Team
- Check-In Team

Date you are available to begin serving: _____

Check which Gathering you would prefer to serve:

- Sunday am
- Sunday pm
- Monday pm

How long have you been a part of Soma? _____

Have you made the commitment to be part of the Covenant Community? (circle one)

Yes No

List all other churches you have been a part of (names/addresses/dates), and the ministries (if any) you were involved in with children:

List any gifts, training, education or other factors that you feel have prepared you for working with children:

Personal References (not relatives):

Name: _____

Address: _____

Phone: (_____) _____ Email: _____

Name: _____

Address: _____

Phone: (_____) _____ Email: _____

Name: _____

Address: _____

Phone: (_____) _____ Email: _____

Applicants Statement

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

Should my application be accepted, I agree to be bound by the By-Laws and policies of SOMA Communities and to refrain from unscriptural conduct in the performance of my services on behalf of the church. I further state that I have carefully read the forgoing release, which serves as a legally binding agreement, and understand the contents thereof, and I sign this release as my own free act.

Signature: _____ Date: _____

Non-Disclosure Statement

To assure the protection and preservation of the confidential information regarding the background records and reference checks of current or potential employees and volunteers, I, _____ (print name) agree to release any obtained information only to those individuals responsible for the hiring, selection, and screening of these individuals and to no one else.

Signature: _____ Date: _____

Background Check

CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK—IN COMPLIANCE WITH THE FAIR CREDIT REPORTING ACT

Date: _____ Driver License #: _____ State: _____

Name: _____
Last First Middle

Maiden and/or Other Last Names Used: _____

City: _____ County: _____ State: _____

Date of Birth: _____ Soc. Sec. #: _____ Gender: _____

This authorization and consent for release of personal information acknowledges that **Soma Communities** (Hereafter referred to as "Company") and/or its agent, Trak-1 Technology, may now, or at any time I am assigned to, volunteer with or am employed by this Company, conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to, searches of educational institutions attended; state driving records; financial or credit institutions, including records of loans; records of commercial or retail credit agencies; other financial statements; records of previous employment, including work history, efficiency ratings, complaints and grievances filed by or against me; records and recollections of attorney-at-law or of other counsel, whether representing me or any other person (in either a civil or criminal case in which I have been involved); records from the U.S. Veterans' Administration; criminal history information of file in local, state or federal agencies; and motor vehicle records, and following an employment offer, workers' of file in local, state or federal agencies; and motor vehicle records, and following an employment offer, workers' compensation reports from either the Department of Labor, National Personnel Records or the Industrial Commission or similar agencies under the provisions of the Fair Credit Reporting Act 15, USC section 1681 et seq. I also authorize the National Personnel records Center, or other custodian of my military service record, to release to Trak-1 Technology, the following information and/or

copies of documents from my military service record: DD214, service record, and any disciplinary records.

I understand that these searches will be used to determine work assignment or employment eligibility under the company's employment or volunteer policies. Therefore, I authorize and consent for full release of records (either orally or in writing) to the authorized representatives of the company. In addition, I release and discharge the company and its agent and associates to the full extent permitted by law from any claims, damages, losses liabilities, costs expenses or any other charge or complaint filled with any agency arising from retrieving and reporting this information. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether employment was denied based upon the information obtained and to receive, upon written request, a disclosure of the background report. I also understand that I may request a copy of the report from Treak-1 Technology P.O. Box 720034, Oklahoma city, OK 73172-0034 at telephone number (405) 812-6095. After reading this document, I fully understand its contents and authorize the background verification.

The following are my responses to questions about my criminal record history (if any) with descriptions to any question with a YES answer:

1. Have you ever been convicted or plead guilty before a court of any federal, state, or municipal criminal offense? (Excluding minor traffic violations) YES NO

If YES, please provide an explanation below:

2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal criminal offense? YES NO

If YES, please provide an explanation below:

3. Have you ever received probation or community supervision for any federal, state or municipal criminal offense? YES NO

If YES, please provide an explanation below:

4. Have you ever been arrested for molesting or abusing a minor? YES NO

If YES, please provide an explanation below:

5. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? YES NO

If YES, please provide an explanation below:

6. As of the date of this authorization, do you have any pending criminal charges against you? YES NO

If YES, please provide an explanation below:

Places of Residence

List all counties and states of residence since age 18 or high school graduation. You must be specific about dates of residence.

City/Town	County	State	Date From	Date To

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS AUTHORIZATION IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND THAT IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE THAT GROUNDS FOR THE CANCELING OF ANY AND ALL OFFERS OF EMPLOYMENT WILL EXIST AND MAY BE USED AT THE DISCRETION OF SOMA COMMUNITIES.

Signed this _____ day of _____, 20_____

Applicant (Print Name): _____

Applicant Signature: _____