



15017 27th Street, PO Box 727, Perry, Kansas 66073-0727
E-mail: office@alphachristianchildrenshome.com
Website: www.alphachristianchildrenshome.com
Telephone/Fax: (785) 597-5235

This application is to be completed by all people wishing to serve in **any** position with the Alpha ministries that involves direct contact with children or youth. The intent of this application is to help the Alpha provide a safe and secure environment for young people who participate in ministry and to assist applicants and ministry leaders in identifying and utilizing gifts and skills of the applicant.

Date of Application: _____ Date of Birth: _____

Driver's License #: _____ Social Security #: _____

Full Name (*Last, First, Middle, Maiden/Former*): _____

Present Address: _____

City, State _____ Zip/Postal Code: _____

Home Telephone: (_____) _____ E-Mail: _____

Have you ever been convicted of a crime other than a minor traffic violation? Yes NO

If yes, please indicate the date and nature of the offense. _____

Are you currently under investigation, or have you ever been recorded by the Department of Social Services (or any equivalent department/agency) for child abuse and/or neglect or any criminal activity involving a minor? Yes NO

If yes, please indicate the date and nature of the record. _____

I understand that the ministry will contact the appropriate agencies if I have answered "yes" to either of the two previous questions, and I give my permission for them to do so.

Name of the congregation/church where you regularly attend: _____

Current Minister/Pastor: _____

Minister/Pastor Phone: _____ E-mail: _____

List the name, city, and state of other congregations you have attended regularly during the past five years. _____

List previous experience working with young people.

List any gifts, training, education, or other factors that have prepared you for children and youth ministry.

PERSONAL REFERENCES

No Relatives

Reference #1

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Telephone: _____

Reference #2

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Telephone: _____

Reference #3

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Telephone: _____

APPLICANT'S STATEMENT

I authorize any references or organizations listed in this applicant to give you any information they may have regarding my character and fitness for children and youth work. I release all such references from liability for any damage that may result from furnishing such evaluations to you, and I waive any right to inspect references provided on my behalf.

Should my application be accepted, I agree to be bound by the rules and regulations and policies of the Alpha Christian Church, School & Ranch, Inc. and to act in accordance with those, in the performance of my services on behalf of the church.

I hereby attest and certify that I have never been convicted of nor pled guilty to: child abuse, endangering children, gross sexual imposition, sexual imposition, voyeurism, public indecency, any offense of violence, or any existing or former offense of any municipal corporation, any state, United States, or any other nation that is substantially equivalent to any of the above offenses. *(If you have been convicted of or pled guilty to any of the above offenses and wish to explain the circumstances thereof, please do so on a separate sheet.)* I further certify that I have never been discharged from employment or a volunteer position because of any activity covered by the foregoing.

I hereby authorize any present or former employer, person, firm, corporation, physician, government agency, and/or IntelliCorp Records Inc. (identity, driving, criminal records, etc.), to answer any and all questions and to release or provide any information within their knowledge or records, and I agree to hold any and all of them harmless and free of any liability for releasing any truthful information that is within their knowledge and records. I authorize the Alpha Christian Church, School & Ranch, Inc., to conduct a check of my police criminal records and driving records and agree that I will fully cooperate in providing all information, and by signing this document, I authorize these record checks and anything other record checks necessary to conduct initial & random thorough background checks.

I hereby attest and certify that the above information provided by me is true and correct to the best of my knowledge. I understand that misrepresentations or omissions may disqualify my application or result in my immediate dismissal if I am already serving in a children- and youth-related position.

Applicant's Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____

Please submit this form to the director of the Alpha's ministries for processing.



15017 27th Street, PO Box 727, Perry, Kansas 66073-0727
E-mail: office@alphachristianchildrenshome.com
Website: www.alphachristianchildrenshome.com
Telephone/Fax: (785) 597-5235

Volunteer & Medical Waiver of Liability & Agreement

In consideration of my participation in all Volunteer Activities at Alpha Christian Church, School & Ranch, Inc., I, _____, hereby release Alpha Christian Church, School & Ranch, Inc., its Board, employees, volunteers or agents, [hereinafter, the "releasees"] from any and all liability for loss or damage to property, illness, personal injury, or wrongful death, whether caused by the negligence of the releasees or otherwise, while I am in, upon, or about the premises or any facilities, vehicles, or equipment owned by Alpha Christian Church, School & Ranch, Inc. or other releasees.

I understand that it is my choice to engage in any and all activities. I agree to assume full responsibility for all costs associated with damage or loss of property, medical expenses from sickness or personal injury, or otherwise that may occur while volunteering for Alpha Christian Church, School & Ranch, Inc.

I hereby grant authority for Alpha Christian Church, School & Ranch, Inc. to seek appropriate medical treatment and to make health care decisions on my behalf in case of medical emergency.

I have read the Volunteer Handbook and agree to its rules and regulations. I will conduct myself appropriately, as outlined in the Handbook, at all times while on the premises of, or engaged in any activity of Alpha Christian Church, School & Ranch, Inc.

I give permission for Alpha Christian Church, School & Ranch, Inc. to use any pictures or video footage taken of myself to be use in such promotional materials such as, but not limited to, the Newsletter and Website published by Alpha Christian Church, School & Ranch, Inc.

I understand that this agreement is intended to be as broad and inclusive as is permitted by the law of the State of Kansas and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I Have Read and Agree to this Release and Waiver of Liability.

Participant: _____ **Date:** _____

Parent or Guardian: _____ **Date:** _____

*If participant is under the age 18 the signature of a Parent or Legal Guardian is REQUIRED

Address: _____ **Phone #** _____

City, State, Zip: _____ **E-mail:** _____

Emergency Contact: _____ **Phone #** _____

Insurance & Medical Information (REQUIRED):

Insurance Company Name: _____

Policy Holder _____ **Policy Number** _____

Allergies (medicine, food, insect bites, etc . . .)

Medical conditions we should be aware of in case of emergency:

