



*The Father's Child Ministry **Volunteer** Application
Packet*

THE FATHER'S CHILD MINISTRY VOLUNTEER APPLICATION FORM

PERSONAL INFORMATION

Name _____ Age: ____ Sex: M F
Last First Middle Initial

Home Address _____
City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____
E-mail _____ Occupation _____ Race _____

REFEERENCES

Name _____ Phone (____) _____
Name _____ Phone (____) _____
Name _____ Phone (____) _____

GENERAL QUESTIONS:

1. Explain how your walk with Christ began? _____

2. What are some of your interests and hobbies? _____

3. Have you ever worked with children before? ____ Yes ____ No
If yes, how, where, and when? _____

4. What do you feel are your gifts and talents? _____

5. In what way can you use your gifts and talents to help a child? _____

6. As a volunteer, what are some things that you might do to create a relationship with a kid? _____

7. What volunteer role do you see you best fit in? ____ Mentor ____ Counselor
____ Teacher

THE FATHER’S CHILD MINISTRY STATEMENT OF FAITH AGREEMENT

The Father’s Child Ministry is a 501 c (3) Christian organization whose vision is to see The Father’s children receive the love of the Heavenly Father. Our mission is to influence The Father’s young men and women to reach their potential through a relationship with Jesus Christ by utilizing community resources.

Statement of Faith

We believe the bible to be inspired, the only infallible, authoritative Word of God. We believe in the deity of Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory.

By signing this agreement, as a volunteer in The Father’s Child Ministry, you are in agreement with FCM’s statement of faith and will abide by this statement when volunteering your time in The Father’s Child Ministry.

Signature: _____

Date: _____

CONSENT FORM FOR “IDENTIFYING INFORMATION” IN THE FATHER’S CHILD MINISTRY PROMOTIONAL MATERIALS

I, _____, hereby give my permission for The Father’s Child Ministry to use the following information: name, photograph, comments and interests. This information shall be used by The Father’s Child Ministry solely for promotional purposes.

In giving this consent, I release The Father’s Child Ministry, and their employees from any obligation or liability otherwise owed to me in connection with any personal or proprietary right I may have as a result of the sale, reproduction or use of the above referenced identifying information. This consent may be terminated at any time by me. This consent will be valid as long as the volunteer or child is actively involved in The Father’s Child Ministry.

Signature _____

Date _____

FCM'S YOUTH PROTECTION & CONFIDENTIALITY POLICY FORM
YOUTH PROTECTION POLICY

Any abuse will not be tolerated whether sexual, physical, emotional, or neglect. All abusive conduct and allegations will lead to immediate removal from leadership and responsibilities.

The Father's Child Ministry asks that you abide by the following:

- a.) not put yourself in a compromising situation
- b.) be aware of the things you say
- c.) watch what you do, being cautious of and avoiding "bad" touch.
- d.) be aware of fantasy relationships

Any abusive situations you observe or become aware of must be reported immediately to The Father's Child Ministry staff person(s) in charge.

Signature _____

Date _____

CONFIDENTIALITY POLICY FORM

The Father's Child Ministry is in the service of helping young people reach their potential by utilizing community resources. For this reason, all volunteers, children, and guardians of children will divulge extensive personal information about themselves and their families. As The Father's Child Ministry, we respect the confidentiality of the volunteers and children's records. The professional staff of FCM will abide by the confidentiality policy explained below. Information about volunteers and children's record will only be shared among FCM professional staff. The right to confidentiality applies not only to written records, but also to video, film, pictures, or use of the volunteer or kid's name in FCM publications.

All records are the property of The Father's Child Ministry and not FCM's professional staff, volunteers and children. In order for FCM to be effective in accomplishing its mission and vision, we will need to assess information from volunteers, children, and outside sources. Records are not available for review by volunteers and children. All information is stored in a locked filing cabinet and is not to leave the office without the permission of the Executive Director.

Volunteers and children will be provided a copy for review of this confidentiality statement. All volunteers and children shall sign this statement agreeing that he/she has read and understands FCM's policy on confidentiality.

Confidentiality Requirements

Information will be released to other individuals or organizations only upon presentation of an authorized "consent to release information" form appropriately signed by the parent (and/or child, if the child has reached the age of 18) or volunteer. Identifying information regarding a child or volunteer may be used in FCM's publications or promotional materials if the child or volunteer has given

permission. If confidential information is needed from sources such as therapists, counseling centers or other agencies which the volunteer, child, or parent has served in or been served by, the staff shall obtain an authorization for the request and release of the information signed by the parent or volunteer.

Information will be provided to law enforcement officials or the courts to a valid and enforceable subpoena. FCM will provide copies of its files rather than the original to satisfy the subpoena. A valid search warrant allows immediate access to FCM's files.

Information will be provided to FCM's legal counsel in the event of litigation or potential litigation involving the ministry. This information is considered confidential.

Information about a potential volunteer may be shared with the child and his/her parent the following things: the volunteer's age, sex, race, interests and hobbies. Information about a potential child may be shared with the volunteer the following things: the child's age, sex, race, interests and hobbies.

State law mandates that suspected child abuse be reported to the appropriate authorities. All staff is responsible for staying abreast of such reporting requirements and shall comply with mandated procedures.

If a staff person of FCM receives information indicating that a volunteer or child may be dangerous to himself or herself or others, then the necessary steps will be taken to protect The Father's Child Ministry and its individuals.

Members of the Board of Directors have access to a child and volunteer files only upon authorization by formal motion of the Board of Directors. The motion shall state who shall be authorized to review records, the specific purpose for such review, and the period of time during which access shall be granted. Members shall be required to sign and comply with FCM's policies on confidentiality and may use the information only for purposes stated by the approved action of the Board of Directors. Board members found to have violated confidentiality policies are subject to removal from the Board.

I HAVE READ AND I UNDERSTAND THE ABOVE DOCUMENT, WHICH STATES THE FATHER'S CHILD MINISTRY'S POLICY WITH RESPECT TO CONFIDENTIALTY OF VOLUNTEERS AND CHILDREN RECORDS. I AGREE TO ABIDE BY THE CONDITIONS SET FORTH.

NAME

DATE

PERMISSION FOR BACKGROUND CHECK INFORMATION

Date: _____

Agency performing background check: **The Father's Child Ministry**

The Father's Child Ministry requires that all volunteers have a criminal background check conducted on them.

I give my permission for The Father's Child Ministry to conduct a criminal background check with law enforcement to determine my suitability in working with children. I further understand that this information shall only be used in regard to The Father's Child Ministry.

Signature _____

Printed Name _____

Date of Birth _____

Driver's License Number/State _____

Address _____

Witnessed By: _____

Date _____

FOR OFFICE USE ONLY

_____ No records found, acceptable

_____ Criminal background found, unacceptable- Please provide support documentation.

Signature

Date

*Please mail completed form to:
The Father's Child Ministry
P.O. Box 9251
Columbus, MS 39705
1-662-328-3110*