# Volunteer Application

**LAST: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FIRST: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

###### PROJECT: Harrodsburg Paducah Somerset

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###### (

**Position:** (Circle One) Crew Chief Assistant Crew Chief Supervisor Runner Nurse

Kitchen HelpOther **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Encouragers do not fill out this form. Encouragers are considered participants and should added to church groups.**

**Project Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Type of Job (Check all you can run)** \_\_\_\_ Roofing \_\_\_\_ Siding \_\_\_\_Decks \_\_\_Handicap Ramps

**Number 1, 2, 3 for preference** \_\_\_\_ Door/Windows \_\_\_\_ Painting \_\_\_\_\_\_Landscaping

List any of the above that you are skilled at and have worked at your profession. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Name: Last \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI \_\_\_\_\_ Gender **M F**

Social Security # \_\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_/ \_\_\_\_\_\_/\_\_\_\_\_\_ Shirt Size \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_ County\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone \_\_\_\_\_-\_\_\_\_\_\_\_\_\_ E-Mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Church \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Church City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Experience (List any construction experience)

Dates Company Name Type of Work

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

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

Have you ever attended a Ohio Changers Project? \_\_\_ Yes \_\_\_ No

List your experience working with teenagers. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please rate your ability to work with teenagers. \_\_ Poor \_\_ Fair \_\_ Good \_\_Excellent

How long have you been a Christian? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that participants at Ohio Changers projects agree not to use tobacco products, alcoholic beverages, or illegal drugs; and not to have possession of or use any fireworks, firearms, knives (with the exception of utility knives), or weapons of any other kind during the duration of the project

I agree to abide by this Ohio Changers policy. \_\_\_\_\_\_\_ **(please initial)**

The above information in this application is true and accurate to the best of my knowledge. I understand that false information will be grounds for termination of volunteer service.

\_\_\_ Yes I have completed the attached Applicant’s Certification and Request for SCBO Conviction Data and Sex Crimes Forms.

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

(Signature is required for application to be complete)

APPLICANT'S BACKGROUND AUTHORIZATION

**DIRECTION:**

This Certification must be signed by every adult volunteer working with the Ohio Changers whose work involves regular contact with children and youth under the age of 18.

I hereby attest and certify that I have never been convicted of nor pled guilty to sexual abuse in violation; gross sexual imposition; sexual exploitation of minors, more specifically described as follows:

1. Battery
2. Child Molestation Incest
3. Kidnapping
4. Murder

f) Physical Abuse of a minor, or a spouse

g) Pornography

1. Rape
2. Sexual Abuse
3. Sodomy

Also included are any existing or former offense of any municipal corporation, this state, or any other state of the United States 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 statues.

I hereby authorize any present or former employer, person, firm, corporation, physician, or government agency to answer all questions and to release or provide any information within their knowledge or records which relate to the issues referenced in the above paragraph, and I agree to hold any and all of them harmless and free of any liability for releasing any information that is within their knowledge and records. I further authorize the State Convention of Baptist in Ohio to conduct a check of my police criminal records.

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 employed.

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

Applicant's Signature Applicant’s Date of Birth

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name Social Security #

*If an* ***Applicant is under the age of 18,*** *parent’s consent must be obtained:*

I/We consent to this criminal record background check being conducted by the SCBO on this applicant.

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

Parent/Legal Guardian Signature Witness

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

Date Date

All applications received will remain on file for two years. After the two years have passed, volunteers will fill out a new

Applicant’s Certification consent form.

Participant Name: (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Location (City): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTE TO LEADER: All Ohio Changers participants (students and adults) must complete this form. Students must have their parent or guardian sign it, and have it notarized to be eligible to participate in an Ohio Changers work project. All sections must be completed for eligibility. The form must be received by Ohio Changers, P.O. Box 248, West Jefferson, OH 43162 no later than June 1.

Statement of Purpose an Ohio Changers project is an opportunity for young men and young women to be involved in a personal approach to missions education and involvement through construction-based projects which are promoted and sponsored by Mission Support & Mobilization of the SCBO. Participation will involve some risks related to both the nature and location of the work as participants will be engaged in construction-related activities they have likely never done and will probably be doing the work in economically and socially disadvantaged areas where they have never been.

Participant’s Medical Information (Please print all information clearly.)

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Generally, my health is: (Check one) \_\_\_\_\_Excellent \_\_\_\_\_Good \_\_\_\_\_Fair \_\_\_\_\_Poor

If FAIR or POOR, please explain your condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date of last Tetanus shot (within the last 10 years) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any medical difficulties for which you are CURRENTLY being treated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any medications you are currently taking:

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

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

List any medicines, foods or substances to which you are allergic:

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

Please provide the following information: (Please print all information clearly.)

Medical Insurance Carrier \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy is under the name of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorization of Transportation

I fully understand that Ohio Changers Participants will be split up into work groups and transported to and from the jobsites by church buses, vans and personal cars of participating church groups. All drivers will be at least 21 years old. I authorize myself or my child to ride in one of those vehicles. I release forever hold harmless the directors, officers, agents and employees of Ohio Changers, State Convention of Baptist in Ohio (SCBO), all partnering associations and all participating churches from any and all claims and demands for personal injury for myself or my minor child.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Leader Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorization for Treatment/Release of All Claims I, the undersigned, do for myself (or for and on behalf of my child under 18 years of age) give my permission for an attending physician or hospital to administer medical care if deemed necessary by the Ohio Changers Project Coordinator and the physician or hospital staff during the Ohio Changers Work Project. I, the undersigned, do for myself (or for and on behalf of my child under 18 years of age) give my permission to Ohio Changers volunteer medical professional to administer any non-prescription medications deemed necessary during the Ohio Changers Work Project. I, the undersigned, do for myself, my heirs, executors, administrators, successors and assigns (or for and on behalf of my child under 18 years of age and his/her heirs, executors, administrators, successors, and assigns) understand that secondary medical coverage in the amount of $2,500 (maximum) is provided for each Ohio Changers participant and do hereby release from all claims and forever hold harmless the directors, officers, agents and employees of Ohio Changers, State Convention of Baptist in Ohio, and all partners from any and all claims and demands for personal injury, sickness and death, as well as property damage and expenses, of any nature incurred by myself (or my child under 18 years of age) including claims and demands arising from criminal acts of other persons. I also assume personal responsibility for all medical bills (for myself or my child under 18 years of age) in excess of the applicable medical insurance plan provided by Ohio Changers. Further, should it be necessary for the participant to return home due to disciplinary action, for medical reasons, or otherwise, I hereby assume responsibility for all transportation costs.

Participant Model Release By signing this document the participant hereby gives the Ohio Changers, its licensees, successors, legal representatives and assigns, State Convention of Baptist in Ohio and partners the absolute and irrevocable right and permission to use the participant’s name and to use, reproduce, edit, exhibit, project, display, copyright, publish photographic images and/or moving pictures and/or videotaped images of the participant with or without the participant’s voice, or in which the participant may be included in whole or in part photographed, taped, videotaped, and/or recorded during the duration of the project, and therefore to circulate the same in all forms and media for art, advertising, trade, competition, of any description and/or any other lawful purpose and/or approve the finished product or products or the editorial, promotional or printed copy or soundtrack that may be used in connection therewith and any right that I may have to control the use to which said product, products, copy, and/or soundtrack may be applied. The participant discharges and agrees to save harmless Ohio Changers, its licensees, successors, legal representatives and assignees, State Convention of Baptist in Ohio and the partners from any liability by virtue of any blurring distortion, alteration, optical illusion or use in composite form whether intentional or otherwise, that may occur or to be produced in the making, processing, duplication, projecting or displaying of said images, and from liability for violation of any personal or proprietary right that I may have in connection with said images and with the use thereof.

Please complete and sign below.

I agree to all of the statements above.

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

Parent (or Custodial Parent) Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_