



VOLUNTEER APPLICATION

Christian Church (Disciples of Christ) in Tennessee
4006 Ashland City Hwy
Nashville TN 37218
Tel 615/646-3705 Fax 615-646-3707
regionaloffice@tndisciples.org

PLEASE INDICATE IF YOU ARE **UNDER** 18 YEARS OF AGE _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE # _____ CELL/WORK # _____

EMAIL _____ DATE OF BIRTH _____

OCCUPATION _____

Have you ever volunteered for CC(DOC)TN before? Yes _____ No _____

If so, in what capacity? (special event, camp counselor, camp maintenance, office work, etc.)

What church do you attend? _____

What activities do you participate in at church? _____

In what capacity would you like to volunteer? Specific event _____ or

General help where needed _____

Do you have physical limitations we should be aware of when adding you to a task or specific event?

Do you have any specific skills/interests that might be useful during your time volunteering? (i.e. musical talent, construction skills, organizational skills, etc)

Have you ever been disciplined for, charged with, or convicted of an act of sexual misconduct or child sexual abuse? If yes, please explain: _____

Have you ever been convicted of a felony? _____ If so, please explain: _____

REFERENCES: We require you to submit 2 references, one of which must be a minister, for us to call for verification.

First Reference (Minister)

Name: _____ Phone numbers: _____

Email: _____

Second Reference

Name: _____ Phone Numbers _____

Email: _____

The Christian Church in Tennessee is required to conduct criminal background checks on all volunteers 18 years old and older. Your signature indicates your understanding that such a check will be made and gives the Christian Church in Tennessee permission for such action.

Signature, Agreement and Medical release: I desire to serve as a volunteer for the Christian Church in Tennessee. I promise to cooperate with other volunteers, directors and staff and to uphold all standards set forth by the Region and the Directors. I will seek in every way to conduct myself as the Christian example I am called to be. I understand that the Regional Staff and volunteer directors will be allowed to review this application for planning purposes.

In case of emergency, I hereby give permission to the physician selected by the volunteer director or regional staff to hospitalize, order injections, anesthesia or surgery for myself in order to secure necessary, proper medical care. I release the volunteer director and regional staff in charge from all responsibilities in case of sickness or accident occurring during camp. I further understand that the volunteer director and regional staff are not responsible for any medical expenses beyond the insurance policies coverage which is limited to illnesses and accidents which occur at camp and excludes preexisting conditions.

Applicant's Signature _____ Date _____

Background Screening Consent & Information Form © 2018 Praesidium, Inc. All rights reserved.
Applicant should complete all relevant information, sign and date the form.

Applicant's Full Name(Printed):

Date of Birth _____ Social Security# _____

*NOTE: The above information is required for identification purposes only and is in no manner used as qualifications for employment, internship, or service as a volunteer. The United Church of Christ Insurance Board and Christian Church (Disciples of Christ) in Tennessee abides by all applicable state and federal employment laws.

Present Address _____
City _____ State _____ Zip _____

Former Address if less than 3 yrs at current address Street _____ City _____
State _____ Zip _____

Please circle any of the following states in which you have lived: CA, CO, DE, LA, MA, SD, VT, WV, WY

I, _____, authorize Christian Church (Disciples of Christ) in TN and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, adult criminal or police records, and motor vehicle records including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for service now and, if applicable, during the tenure of my service with Christian Church in TN/Bethany Hills Camp, Kingston Springs. I release the United Church of Christ Insurance Board, and Christian Church in TN and its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regard to the information obtained from any and all of the above referenced sources used. All information provided is true & correct to the best of my knowledge.

Signature _____ Date _____