

Do you have any contagious or infectious disease or condition that could be transmitted to others in the volunteer work you would be performing? If yes, please explain.

SPIRITUAL HISTORY

What church are you currently attending?
How long have you attended your current church?
Do you have a membership in your church? If yes, what year?
If not a member, are you willing to attend a membership class? It is desirable that all teachers be members of SFCAC; if not, they must be in full harmony with the doctrines and principles of the church. An interview may be conducted.
Have you been baptized? No Yes Where and When?
Do you regularly attend Sunday Worship? Fellowship? Small-Group? (indicate which one)
In a brief paragraph, please describe your spiritual journey, including when you received Christ as Savior.
Have you taken any courses or received training that would equip you for Christian ministry? If so, please list.

MINISTRY HISTORY

Please list the churches you have attended and the ministry organizations in which you have participated within the last five years, including address, phone number, and dates:
Please list present and previous ministry experience, including the ministry & pastor/ supervisor’s phone number: 1. 2. 3.

LEGAL QUESTIONNAIRE (Please read all the following questions carefully)

	Yes	No
1. Have you ever been convicted of a criminal offense (felony or misdemeanor, except for minor traffic violations)? You will need to answer “Yes” if you have entered into a plea agreement, including a deferred sentence or deferred judgment arrangement, in connection with a criminal charge. If yes, please explain the nature of offense, date, and court where the conviction was entered and any other relevant information.		
2. Have you ever been convicted of a sexual offense, offense relating to children or crime of violence (that is not covered in question 1 above)? If yes, please explain the nature of offense charge, date, law enforcement agency making the charge and any other relevant information.		
3. Have you have been reported to a social services agency, law enforcement authority, child abuse registry or similar organization regarding abuse or misconduct involving children? If yes, please explain.		
4. Have you had any painful experience (personal abuse in any form) that has better equipped you, or may hinder you from a productive ministry? If yes, please explain.		
5. Have you ever been the subject of a civil lawsuit involving sexual misconduct, sexual harassment or other immoral behavior or conduct, involving adults or children? If yes, please explain.		
6. Have you ever been the subject of a complaint or disciplinary proceeding against a professional license or other license held by you, including but not limited to a license to provide childcare or similar services? If yes, please explain.		

7. Have you ever been the subject of any disciplinary action, transfer or dismissal, or been named as a defendant in a civil lawsuit, as a result of an accident or mishap involving children? If yes, please explain.		
8. Have you ever been subject to any disciplinary action (including discharge) or investigation by a church, religious or other organization or by an employer? If yes, please explain.		
9. Do you have any drug, alcohol or substance abuse problems? If yes, please explain.		
10. Do you practice a sexually pure lifestyle as taught in the Scripture?		

BE ASSURED THAT YOUR COMMENTS WILL BE HELD IN STRICT CONFIDENCE

PERSONAL REFERENCE

Please list THREE names, email & relationship: ****NO family members****

1)

2)

3)

APPLICANT’S STATEMENT

The responses I have provided in completing this application form are complete, truthful and accurate. I hereby authorize San Francisco Chinese Alliance Church (hereunto referred to as “The Church”) to make inquiries concerning my background in connection with evaluating the information I have provided on this form and in the application process, including a criminal records check if deemed necessary by the Church. I hereby authorized all persons associated with me, including churches, employers, law enforcement agencies, licensing and social services agencies, to release any information contained in their files or records concerning me to the Church and its representatives.

In consideration of the receipt and evaluation of this application form by the Church, I hereby release San Francisco Chinese Alliance Church and their directors, employees, agents, representatives and any other person or organization, including record custodians, that my release information concerning me, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs or family on account of inquiries concerning my background and any disclosures of information concerning me to San Francisco Chinese Alliance Church. I waive any right that I may have to inspect information provided about me by any person or organization identified by me in this application.

I affirm that I will strictly comply with all policies and procedures of San Francisco Chinese Alliance Church. If at any time I find that for any reason I am unable to support the vision, policies, procedures or doctrine of this church/ organization. I will resign from my position. I understand and agree that failure by me to abide by action, all at the discretion of the Church. I will report any known or suspected child abuse or other violation of policy to the senior pastor, a member of church staff, and elder or the designated authority.

I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS OF IT, AND I SIGN THIS RELEASE AS MY OWN FREE AND VOLUNTARY ACT.

APPLY TO VOLUNTEER APPLICANTS: I understand that my service with the Church shall be a volunteer service. In addition, my volunteer services shall be at-will and the Church shall be entitled to terminate my services at any time, with or without cause or advance notice. I understand and agree that I am not an employee of the Church and that I have no expectation of future employment. As a volunteer, I have no entitlement to or expectation of compensation, health insurance or other employee benefits, or unemployment or worker’s compensation insurance benefits.

Applicant’s Signature: _____ Date: _____

Witness’ Signature: _____ Date: _____

IF YOU ARE UNDER 18, PLEASE HAVE YOUR PARENTS BE IN AGREEMENT OF YOUR COMMITMENT TO VOLUNTEER AND COMPLETE THE “*MEDICAL RELEASE & PARENTAL CONSENT*” FORM (Page 4).

Parent’s Name (please print): _____ Relation: _____

Parent’s Signature: _____ Date: _____

Medical Release & Parental Consent Form

REQUIRED FOR APPLICANTS UNDER 18 YEARS OLD

I, the undersigned, hereby consent to let my child participate in San Francisco Chinese Alliance Church's Summer Children Program. It is understood that every precaution will be taken for the safety and well being of my child, but in the event of accident, injury, or sickness, San Francisco Chinese Alliance Church, its staff, and its volunteers are hereby released from any liability.

PLEASE PRINT

CHILD'S NAME: Last First Middle	1 PARENT/GUARDIAN NAME:
ADDRESS: Address City State Zip	1 PARENT EMERGENCY PHONE NUMBER & EMAIL:
CHILD'S BIRTHDATE (mm/dd/yyyy)	2 PARENT/GUARDIAN NAME:
DOCTOR NAME & PHONE NUMBER:	2 PARENT EMERGENCY PHONE NUMBER & EMAIL::
MEDICAL INSURANCE COMPANY: Address Phone	MEDICAL INSURANCE POLICY #:

Please list any medical condition your child has that our staff should be aware of? (Allergies, asthma, medication, Epi-pen). If none, write "NONE".

Please describe any physical, emotional, mental or behavioral concerns or limitations that our staff should be aware of? If none, write "NONE".

PLEASE NOTE: No medication will be administered by the staff. Parents are responsible in administering the medication and may come to administer the medication to their child when needed.

Date of last tetanus shot: _____

In case of emergency, I understand that hospital policy requires parental permission before treatment. I hereby give my permission to a representative of San Francisco Chinese Alliance Church to secure proper medical treatment to my child. Parents will be notified immediately of any medical emergency.

Parent's / Guardian's Name (please print): _____ Relation: _____

Signature of Parent / Guardian: _____ Date: _____