

## Illinois Conference Youth Ministry Volunteer Form Camp Akita

<b><i>Personal Information</i></b>		
Print Legal Name: Last _____ First _____ Initial _____ Alias(es) _____	Name of Spouse:	
Gender:    Male        Female    (Please circle one)		
Address: Street _____ City _____ State _____ Zip _____		
Home Phone:	Work Phone:	E-mail Address:
Name and location of the church you currently attend:		
Name(s) and location(s) of church(es) you have attended in the previous 5 years.		
Name(s) of city(ies) & state(s) you've lived in the previous 5 years.		

<b><i>Unlawful Conduct</i></b>
Have you ever plead guilty, no contest, been accused of, charged, convicted, or are you currently under investigation for any unlawful sexual conduct, child abuse and/or child sexual abuse? (Please circle)    YES    NO
If yes, please explain by listing type of conduct, date(s) place(s) and circumstances of the accusation:
Have you ever been convicted of any other type of criminal offense? (Please circle)    YES    NO <i>(Answering in the affirmative does not necessarily disqualify you from working with children.)</i>
If yes, please explain:
If you answered yes to either of the above, please give the name and address of a reference/professional who can verify your suitability to work with children:
Name of Reference/Professional: _____ Phone Number _____ _____
Address _____ City _____ State _____ Zip _____
<b><i>PLEASE TURN PAGE OVER TO COMPLETE THE FORM—THANK YOU!</i></b>

**Background Check Authorization**

The previous information is accurate to the best of knowledge and recollection. I understand that as a volunteer I expect no remuneration for services and time volunteered. I understand that as a paid staff member I will receive remuneration according to the contract on file with administration.

**I authorize the Illinois Conference and its affiliates to investigate my suitability for the volunteer or paid staff position(s) I am applying for, which may include criminal background checks. I authorize the references and professional identified above to release any and all of my personal information to the Illinois Conference and its affiliates investigating my suitability for service to the Illinois conference and its affiliates.**

I agree to abide by the Child Protection Policy and Procedures of the Illinois Conference of Seventh-day Adventists.

APPLICANT'S SIGNATURE

Date:

**Required:**

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License # \_\_\_\_\_

**Required:** Date of Birth

Mo. \_\_\_\_\_ Day \_\_\_\_\_ Yr. \_\_\_\_\_

***Note: Please be sure you have answered every question and signed your name above. Please return this form to the Illinois Conference Youth Department. The original of this form will be kept in a secure location at the Illinois Conference.***

**\*\*\* OFFICE USE ONLY \*\*\***

Recommended

Not Recommended

Date Received:

Renewal Date:

Recommended with conditions noted:

Signature of Conference Youth Director:

Date Approved: