



CHILD/YOUTH APPROVED VOLUNTEER INFORMATION FORM

Alpharetta Presbyterian Church
(This form must be completed annually)

Full Name: _____ Date of Birth: _____

Current Address: _____

Phone Number (H): _____ (C): _____

E-Mail Address _____

Are you a Member of Alpharetta Presbyterian Church? _____ For how long? _____

Previous Church membership (Name, address): _____

Yes/No

Do you have, or have you had, any mental or physical conditions which may affect your ability to effectively and safely work with youth/children?

If yes, explain: _____

Have you ever had a child removed from your custody or placed under supervision by a government authority? If yes, explain: _____

I grant Alpharetta Presbyterian Church permission to contact my references and initiate a National Criminal/Sex Offender search.

I have read the Child and Youth Safety Policy approved May 23, 2019 the Discipline policy, and the Children and Youth Covenants and as an approved church volunteer, agree to observe the policies.

I have read the Sexual Misconduct Policy approved May 23, 2019 and as an approved church volunteer, agree to observe the policy.

I have a valid Georgia driver's license. (If you plan to drive on church-sponsored outings, please attach a copy.)

(OVER)

IF YOU ARE A 1ST TIME APC VOLUNTEER, COMPLETE THE FOLLOWING:

List previous roles you have had with youth/children, the organizations and dates of service:

List name, address, phone number of 3 references (other than relatives).

The information contained on this form is correct to the best of my knowledge. I agree to be bound by the constitution of the Presbyterian Church (U.S.A.) in general and the policies of Alpharetta Presbyterian Church in particular. I agree to refrain from inappropriate conduct in the performance of my volunteer services on behalf of Alpharetta Presbyterian Church.

Signature: _____

Date: _____