

200 Freedom Ln., Livingston, TN 38570 1-888-688-0470 - www.TeenChallengeUC.org

VOLUNTEER APPLICATION

Name:			Date:	
Name:(First)	(Middle)	(Last)		
Address:(Street ad	draga	(City)	(Stata)	(7:2)
Phone:	,		(State)	
Social Security No.:				
Referred by:				
What days/times are you a Date you can start:				
Do you have a valid driver's Please list all driving violati Have you sought treatment three years? Yes / No Have you ever been convic If yes, please list all convict consideration.	ons within the past 7 ye for, or been arrested fo If yes, explain ted of a criminal offense ions and an explanation	e (not including traffic v n. <i>Answering yes will n</i>	violations)? Yes /	No
Are you able to refrain from <i>ATCUC strictly prohibits all</i> Why do you want to serve it	tobacco use during wo	rking hours, and at any	time within sight of	
Do you have any special sk	ills, talents, or gifts that	might be beneficial to	TCUC?	
Have you ever volunteered	/worked for any Teen C	hallenge before? If so	, when and where?	
EDUCATIONAL Did you attend college, voc If yes, what degree/course	ational school, or bible		d you graduate? Ye	
RELEVANT VOLUNTEER EXPL Organization		r Responsibility	Dates of s	ervice
PERSONAL BACKGROUND				
Are you a Christian? Yes Church Name:				
Address:				
Phone:				

**Please submit a recommendation letter from your pastor with this completed volunteer application.



		Refere	ence Check Per	mission Form
I, contact the re	eferences listed b	, give A below to discuss	dult and Teen Cha my suitability as a	allenge of the Upper Cumberland permission to volunteer ministry worker.
Signature: _				Date:
position of "s should be peo (paid or volu	spiritual leadersh ople you know th inteer position).	hip" in your life hrough different Ideally the three	who is familiar with t relationships and/o e references that you	he first reference should be a person who is in a n your spiritual development. The next two references r situations. For example:, a friend or an employer n provide should come from each of these categories. wn you for at least 2 years.
Reference O Name:	Ine			
first		initial	last	
Address:	ber	street		Apt No., Unit No., P.O Box
City/	Town			Postal Code:
Phone:		Fax:	Email:_	
Best time to ca	all? AM / PM		Cell #:	
Relationship	o to the candida	te:		Length of relationship:
Reference T Name:	wo			
first Address:		initial	last	
numb		street		Apt No., Unit No., P.O Box
City/	Town			Postal Code:
Phone:		Fax:	Email:_	
Best time to ca	all? AM / PM		Cell #:	
Relationship	o to the candida	te:		Length of relationship:
Reference T	`hree			
Name:		initial	last	
Address:	har	street		Apt No., Unit No., P.O Box
		511001		
-	Town	Eave	Email.	Postal Code:
	all? AM / PM	гах:		
		te:		Length of relationship:



LAST NAME

REQUEST, AUTHORIZATION, CONSENT AND RELEASE FOR BACKGROUND INFORMATION

l:__

FIRST NAME

MIDDLE NAME

IAME (PLEASE INCLUDE Jr., Sr., II, III Etc.)

Understand that in conjunction with my application for employment, Adult and Teen Challenge of the Upper Cumberland will use the services of an outside agency to research and verify the information I have provided on my application for employment including my personal background, character, professional standing, work history and qualifications. This agency will provide a report to Adult and Teen Challenge of the Upper Cumberland uses *Backgrounds Online, a consumer-reporting agency,* as an agent to perform background verifications.

Backgrounds Online will utilize various sources of information it deems appropriate including but not limited to: credit reporting agencies, Workers Compensation records, Department of Motor Vehicle records, criminal conviction records, current and former employers, military records, education records, professional and personal references. I request, authorize and consent to the release and disclosure of any and all information including but not limited to the above **to** Adult and Teen Challenge of the Upper Cumberland and *Backgrounds Online*.

I request, authorize and consent to the procurement of an Investigative Consumer Report and understand that it may contain information about my background, mode of living, character, personal characteristics and general reputation. This authorization in original or copy form shall be valid for one year from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by Adult and Teen Challenge of the Upper Cumberland if employment is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to Adult and Teen Challenge of the Upper Cumberland. I further understand that when requesting a copy of the report, proper identification will be required and I should direct my request to: *Backgrounds Online*, 1915 21ST Street, Sacramento, CA 95811, phone: 800-838-4804. Backgrounds Online's website may be found at http://www.backgroundsonline.com

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES. I HEREBY RELEASE Adult and Teen Challenge of the Upper Cumberland AND ITS AGENTS, BACKGROUNDS ONLINE AND ALL PERSONS, AGENCIES, AND ENTITIES PROVIDING INFORMATION OR REPORTS ABOUT ME FROM ANY AND ALL LIABILITY ARISING OUT OF THE REQUEST FOR OR RELEASE OF ANY OF THE ABOVE MENTIONED INFORMATION OR REPORTS.

California, Minnesota and Oklahoma Applicants only:

Check box if you request a copy of any consumer report ordered on you.

Printed Name				Position Applied For			
Social Security Number		Date of Birth		Driver's License Number		State	
Other names you	have used o	r are also know	vn as:				
PLEASE PROVIDE	ALL RESIDENT	IAL ADDRESSES	FOR THE PAST 7	YEARS			
Current Address:	Chroat	A = 6 #	0:5	Charles	Z'a Cada		
	Street	Apt.#	City	State	Zip Code	How long here?	
	Street	Apt.#	City	State	Zip Code Zip Code	How long here? How long here?	
ormer Address:		•	-				
Current Address: Former Address: Former Address:		•	-				



PLEASE READ CAREFULLY. A CHECK IN EACH BOX INDICATES AGREEMENT.

I understand that ministry is a privilege, not a right, and that my desire to serve must, at all times be affirmed by Adult and Teen Challenge of the Upper Cumberland through its screening process.
I understand that an appointment to this ministry requires that I provide three references and a background records check by Accufax as part of the screening process.
I understand that in accepting a volunteer ministry position, I am committing myself to act in compliance with the beliefs, values, policies, and processes of Adult and Teen Challenge of the Upper Cumberland.
I understand that a substantial percentage of participants in the Adult and Teen Challenge of the Upper Cumberland program have criminal backgrounds and that I assume all related risks in providing services to these individuals. I hereby release and discharge Adult and Teen Challenge of the Upper Cumberland from liability with regard to any damages, losses, or injuries sustained by me arising out of, or relating to my volunteering with Adult and Teen Challenge of the Upper Cumberland.
I have read and understand the Adult and Teen Challenge of the Upper Cumberland volunteer guidelines and agree to abide by them while serving as a volunteer.
I understand that training and accountability are key support for my volunteer position. Therefore, I will attend training, as required by the position.
I understand that I am freely entering into this volunteer arrangement and that I will receive no pay or benefits such as medical insurance or worker's compensation insurance in exchange for my volunteering.

I know that Adult and Teen Challenge of the Upper Cumberland will maintain a file on persons filling volunteer positions. This information is confidential and will be kept in a secure location.

Signature of Applicant

Date