

FRIENDSHIP PROGRAM MODEL VOLUNTEER DISCLOSURE FORM

**DISCLOSURE FORMS ARE CONFIDENTIAL AND REMAIN THE
POSSESSION OF THE FRIENDSHIP PROGRAM**

Friendship Ministries has developed this model disclosure form for persons interested in any volunteer position that involves the mentoring, supervision or instruction of Friends. Friendship Ministries believes that the use of this form or a similarly thoughtful and effective procedure can facilitate the screening and selection of applicants who will provide a safe and secure environment for those Friends who participate in its programs. This is not an employment application, nor does it create or reflect an employment relationship. This form was developed by Friendship Ministries in conjunction with its Model Guidelines For Abuse Prevention and is subject to the same qualifications and disclaimers set forth in the Model Guidelines. Accordingly, Friendship Ministries does not accept liability for any improper or negligent act taken by a Friendship Group or one of its volunteers or mentors.

A. PERSONAL DATA

Name _____
Last first middle

Address _____

City _____ State/Prov. _____ Zip/Postal Code _____

Home phone _____ Work phone _____

E-mail address _____

Do you have a current driver's license? _____ If no, please explain.

Please list your driver's license number: _____

Identity may be confirmed with a state driver's license or other photographic identification

B. POSITION APPLYING FOR

Please indicate the position you are applying for _____

Please indicate the date you would be available _____

What is the minimum length of commitment you can make? _____

C. Church History and Employment History

List the church(es) you have attended regularly during the past five years_____

Please indicate your reasons for leaving the(se) church(es)_____

List all previous employment involving work with persons with a disability_____

Describe your responsibilities for this (these) employer(s)_____

Please indicate your reasons for leaving the(se) employer(s)_____

List all previous volunteer positions involving persons with a disability_____

Describe your responsibilities for this (these) position(s)_____

Please indicate your reasons for leaving the(se) position(s)_____

D. PERSONAL HISTORY

Have you been convicted of, pled guilty to, or pled no contest to a charge of child abuse, or child neglect? Yes_____ No_____

If yes, please explain_____

Have you been disciplined, suspended or terminated from employment because of allegations of child abuse or child neglect? Yes_____ No_____

If yes, please explain _____

Have you been removed or dismissed from a volunteer position as a result of allegations of child abuse or child neglect? Yes _____ No _____

If yes, please explain _____

D. PERSONAL REFERENCES

Name _____
Last first middle

Address _____

City _____ State/Prov. _____ Zip/Postal Code _____

Phone _____ E-mail _____

Name _____
Last first middle

Address _____

City _____ State/Prov. _____ Zip/Postal Code _____

Phone _____ E-mail _____

Name _____
Last first middle

Address _____

City _____ State/Prov. _____ Zip/Postal Code _____

Phone _____ E-mail _____

The information contained in this disclosure form is correct to the best of my knowledge. I authorize the listed references to give you any information (including opinions) they have regarding my character and fitness for the position I am volunteering for. I waive any right I may have to inspect any information provided about me by any person identified in this application.

I release any individual, church or church official, employer, reference or organization 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 compliance or any attempt to comply with this authorization.

I have carefully read the foregoing release and know the contents thereof, and I sign this release of my own free will.

Volunteer's Signature _____ Date _____