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___________________________________________________________________

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__________________________ St

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 ____________________