MINISTRIES OF JESUS
HEALING SPIRIT, SOUL & BODY

Volunteer Workers Confidential Application

This application is held in strictest confidence. We realize the sensitive nature of the following questions, but feel it is necessary to ask them in order to know our volunteer workers better and provide support service if necessary. If you have any questions or concerns regarding this application, please contact the Volunteer Coordinator.

PERSONAL INFORMATION

First Name _____ Middle Name_____ Last Name_____

Prefix: Mr.___ Ms.___ Mrs.___ Dr.___ Spouse Name (If Applicable) _____

Street Address _____

City/State_____ Zip _____ Home Phone _____

Email address _____ Work Phone _____

Date of birth _____ Cell Phone _____

Position you would like to volunteer: _____

How did you hear about MOJ? _____

_____

CHURCH INFORMATION

Name of church where you hold membership:_____

Church address: _____

EMPLOYMENT

Are you currently employed? Yes ____ No _____ If yes, list current employer. If no, list most recent employer

Employer: _____Occupation:_____

Address _____ City/State _____ Zip_____

REFERENCES Please do not list relatives or employees.
Medical and dental providers: please provide professional references.

Name _____ How Known _____

Street Address _____

City/State _____ Zip _____ Home Phone _____

Email Address _____ Work Phone _____

Name _____ How Known _____

Street Address _____

City/State _____ Zip _____ Home Phone _____

Email Address _____ Work Phone _____

Name _____ How Known _____

Street Address _____

City/State _____ Zip _____ Home Phone _____

Email Address _____ Work Phone _____

Have you ever been charged with, indicted for, or pled guilty to a criminal offense? Yes _____ No _____

If yes, describe all charges, indictments, or convictions.

Are you required to register with Oklahoma Sex Offender and Violent Crimes? Yes _____ No _____

Do you agree to immediately report any unusual behavior or misconduct by any other worker that seems abusive or inappropriate to your supervisor? Yes _____ No _____

Background checks will be run on volunteers. Please provide SSN: _____

AUTHORIZATION TO RELEASE RECORDS TO AND TO COMMUNICATE WITH MINISTRIES OF JESUS

I, _____, am being considered as a volunteer/employee for Ministries of Jesus (herein after MOJ). I hereby authorize MOJ or any duly appointed agent to call and inquire about my background with my church or prior churches, my employer or prior employers, or any other person or entity that may have material information on me. This authority extends without limitation to obtaining any information from churches, associates, schools and colleges, residential management agent, current or prior employers, criminal justice agencies, individuals, or other background checks. This information may include, but is not limited to, academic, residential, achievement, performance, attendance, personal history, disciplinary, arrest, and conviction records.

I authorize and direct anyone who receive a verbal or written request for information from MOJ to give any information (including opinions) that they may have to MOJ as to my character and fitness for work, specifically including, without limitation, providing childcare and working with children or youth. Recipients of such a request from MOJ are authorized to answer any of MOJ's questions and to release any requested documentation, forms or information to MOJ whether the information is oral or in writing.

Of my own free will and intent, I release any individual, church, company, agency or other person with whom MOJ conducts an inquiry, including record custodians, both collectively and individually, from any and all liability for any damages of whatever kind of nature that I, my heirs, or family may allege happened to me at any time on account of their conveying information about me in their compliance or attempt to comply with said request for information pursuant to this authorization.

I waive the right to inspect any and all information provided about me to MOJ by any person, regardless of the form the information is in. I also waive any right I might have to review, inspect, copy or question MOJ's notes, records, files and information compiled as a result of any background check conducted by MOJ.

The information contained in this application is correct to the best of my knowledge. I waive any right I may have to inspect references provided on my behalf.

I agree to be bound by the bylaws and policies of this organization and to refrain from unscriptural conduct in the performance of my services on behalf of the organization. **I acknowledge that I have read and affirm the MOJ Mission, Purpose Statement, Core Values, and Statement of Faith as presented on the Ministries of Jesus website**.

I further state that I have carefully read the foregoing release and know the content thereof and I sign this release as my own free act. A photocopy of this Release and Authorization shall be effective as an original. The Release and Authorization is not limited as to time.

Applicant's name (print): _____

Applicant's Signature: _____ Date: _____

STATEMENT OF CONFIDENTIALITY

I understand that the knowledge regarding patients, clients, employees, other workers, anyone coming to MOJ for any reason, tests, procedures, diagnoses, or any other information I acquire by reason of performing services for Ministries of Jesus is considered highly confidential and I will never divulge this information in any form at any time.

Board Member ____ Contractor ____ Employee ____ Student ____ Volunteer ____

Applicant's Signature: _____ Date: _____

If you are a licensed volunteer: Doctor, Dentist, Nurse, Physician Assistant, Nurse Practitioner, Dental Hygienist, Licensed Counselor, Licensed Social Worker, or LADC, please fill out a Credentialing Packet at Ministries of Jesus.

TESTIMONY

Please tell us about your experience of receiving Christ as Lord.