

List any gifts, callings, training, education, or other factors that have prepared you to work in a ministry that works with children

Why do you want to volunteer with All-Star Sports Camp (use additional page if necessary)

Volunteer Medical History

Please state any conditions that might limit your activities at camp _____

Are you currently taking any medications? If so, please list each medicine with dosage information _____

Do you have any allergies (including medicines and foods)? If so, please specify _____

Do you carry any medicine on you? If so, please list each medicine with dosage information _____

Emergency Contact Information

In case of injury or other problems call:

_____ Name	_____ Relationship	_____ Phone
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_____ Name	_____ Relationship	_____ Phone
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Hospital choice: _____

Physician's Name: _____

Please provide two non-family personal character references

Name _____ Name _____

Address _____ Address _____

City _____ City _____

State/Zip _____ State/Zip _____

Phone _____ Phone _____

Email _____ Email _____

Personal Background

Have you ever been arrested for, convicted of, or pleaded guilty, or “no contest” to a criminal act? _____

Have you ever been accused, arrested, or convicted of any sexually-related crime? _____

Have you ever been accused, arrested, or convicted for any abuse-related crime? _____

Do you use illegal drugs? _____

Have you ever been hospitalized or treated for alcohol or substance abuse? _____

Have you ever, to your knowledge, been investigated by Child Protective Services, or any other governmental agency involved with the protection of children? _____

If you answered “yes” to any of the above questions, please explain each one separately (use an additional page, if needed)

List all towns of residence in the last ten years. (use an additional page, if needed)

I affirm to the best of my knowledge that the information on this application is correct. I authorize any reference or church listed on this application to supply any information that may pertain to my character and fitness to work with children. I hereby release any organization or individual from any liability from any damages that I may incur.

Signature _____

Date _____

IF YOU ARE UNDER THE AGE OF 18, DO NOT COMPLETE THIS PAGE

Permission to Check Background

I give Living Abundantly Ministries permission to check my personal and criminal background using the information I have provided on this form. I understand that by submitting this form I am willfully permitting to this background check process. I understand that the personal information learned from such background checks will be held confidential by the ministry staff.

Signature

Print Name

Print Maiden Name (if applicable)

Print all Aliases

Date of Birth

Place of Birth

Today's Date

For Office Use:

Background checked by _____

Date of check _____

PLEASE RETURN COMPLETED APPLICATION TO:

Living Abundantly Ministries

P.O. Box 16491

Lubbock, TX 79490

OR EMAIL TO CULLEN MANNY: cullen@livingabundantlytx.com

over please