



Update	OFFICE USE ONLY	Date Received
References Sent:	Received:	
Date recommend:	Date recommended with conditions noted:	Date not recommended:
Note conditions:		
Signature of Upper Columbia Conference personnel completing screening process:		

Volunteer Service Information Form (VSIF)

SECTION I - PERSONAL INFORMATION <i>Please print legibly, completing ALL sections below.</i>			<i>Check area you will work with children. Write in name of school, church, club.</i>		
Name (Last, First, M.I.)			School Name _____		
Address		<input type="checkbox"/> Male <input type="checkbox"/> Female	Church Name _____		
City	State	Zip	<input type="checkbox"/> Church Leader		
Home Phone ()	Day Phone ()		Position: _____		
Date of Birth	Email:		<input type="checkbox"/> Sabbath School		
How long have you lived at this address?		In this state?	Department _____		
List all other states lived in the last 7 years:			<input type="checkbox"/> Youth Department		
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated			<input type="checkbox"/> Vacation Bible School		
Children living at home? <input type="checkbox"/> Yes <input type="checkbox"/> No		Grown children? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pathfinder Club _____		
Are you an SDA church member? <input type="checkbox"/> Yes <input type="checkbox"/> No How long:		Church(s) attended the last 5 years?	<input type="checkbox"/> Adventurer Club _____		
			<input type="checkbox"/> Camp Meeting		
			<input type="checkbox"/> Other: _____		

Section II - DRIVER INFORMATION <i>If you will be driving for church/school/club/camp sponsored activities, please fill out this section.</i>	
Current Driver's License # _____	State _____ Expiration Date _____
Other State driver's license within the last 2 years. State _____ License # _____	
Name of Insurance Carrier: _____	Insurance # _____ Expiration Date _____
List all traffic violations and at-fault accidents in the last two years: _____	

Section III - HEALTH INFORMATION
List any injury/disability/health factor that might limit your involvement as a volunteer with children/youth or impact the health of children (i.e. communicable diseases, physical limitations).

<input checked="" type="checkbox"/> Please check the box(s) that applies Section IV - UNLAWFUL CONDUCT
<input type="checkbox"/> YES, I authorize Upper Columbia Conference of SDA to conduct a criminal history search
Have you even been (formally or informally) accused, charged, convicted, or disciplined for any unlawful sexual conduct, abuse, child neglect, child abuse, and/or child sexual abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been denied legal custody of your children for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been registered as a sex offender in any jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date: _____ Place: _____
If you answered yes, please supply the date, place, type of conduct, disposition and sentence:



Section V - LANGUAGES SPOKEN

Please list all languages (including English) that you speak, read and write proficiently

language	speak	read	write	Comments
1. English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section VI - REFERENCES

Skip this section if this is an annual renewal and you already have your references completed.

List below individuals who could recommend you for service with children and/or youth. DO NOT LIST RELATIVES

Name	Street	City	State	Zip	Phone/Email address
1. Pastor					
2. Teacher					
3. Other					

Section VI - STATEMENT OF ACCURACY

As applicant the information contained in this application is correct to the best of my knowledge. I authorize any references, churches and/or schools listed in this application to give any information that they may have regarding my character and fitness for working with children or youth. I hereby release any individual, church, school, or organization from any and all liability for damages that may result to me, my heirs, or family for compliance with this authorization. I also authorize the Upper Columbia Conference of Seventh-day Adventists to seek investigative background inquiries including criminal convictions, motor vehicle, and other reports.

Your signature on this form confirms your understanding and agreement that in the event allegations of criminal or sexual misconduct arise regarding your conduct while you serve in the above-described capacity(ies), the conference will fully cooperate with any investigation.

I further state that I have carefully read the foregoing release, and understand the contents thereof, and I sign this release as my own free act. This is a legally binding agreement, which I have read and understand.

This form will become a permanent record. In the event of accusations against the applicant, opportunity should be given for response by the accused. The response also becomes a part of the record.

Applicant's signature: _____ **Date:** _____