

## **VOLUNTEER APPLICATION/BACKGROUND CHECK**

This form is to be completed by all adults who regularly engage in the supervision of students at The Gate. It is being used to help The Gate attempt to provide a safe and secure environment for students who participate in its programs, and to the extent possible, protect the volunteers who work with students. This information is to be kept confidential. In order to ensure the protection of children in the care of The Gate, policy requires prior to any and all persons providing a volunteer service at The Gate or any function conducted by The Gate; all potential volunteers complete a (fingerprint or State of Michigan ICHAT) background check.

## PERSONAL INFORMATION

Print Legal Name	ə:				
	First		Middle		Last
Previous/Maider	n Name:				
Address:		City:		State:	Zip Code:
How long at this	residence?	months/yrs	Place of Birth:		_ Date of Birth:
Male	Female	Race:	Eye Color:		Height:
Email Address: :_					
Home Phone:			_ Cell Phone:		
Are you a memb	per at a church	? If so, where?			
List any previous your responsibilit	-	children/youth, id	entifying the place/orgc	inization,	type of work, the dates and
Are you CPR/AE	D Certified? Y/N	۱	If Yes, certification dc	ite:	
-	-	ys from 3-5pm. Wł ⊐Other/ Special E	nich days are you open/v Events	willing to v	volunteer?
-		every program dc teer at The Gate?	ate, but we do encourag e	e consiste	ency. Roughly, how
□ once per mor	nth 🗆	lonce per week	□twice per week		□other
What gifts, skills,	or passions do y	vou have? Sports,	crafts, games, devotions	s, etc.	
How did you hea	ar about The Go	ate?			
Name of a refere	ence we can c	ontact			

HISTORY	<b>INFORMATION</b>

Have you volunteered at The Gate before? Yes/No							
Have you ever pled guilty, or been convicted of a felony in a state or federal court? Yes/No							
Date and state offense/conviction occurred							
If yes, provide a detailed description of conviction							
Have you ever pled guilty, or been convicted of a misdemeanor in a state or federal court? Yes/No							
Date and state offense/misdemeanor occurred							
If yes, provide a detailed description of the conviction							
Are you on the sexual offender registry? Yes/No Child abuse registry? Yes/No							
If yes to either, please provide a detailed description of the cause of your inclusion on the registry.							
Are you the subject of a current criminal investigation or have pending charges against you? Yes/ No Date and state where the investigation is ongoing							
If yes, provide a detailed description of the investigation or pending charges.							

The Gate reserves the right to approve or deny any volunteer upon the review of the background check returned. The determination will be based upon the individual's fitness to have responsibility for the safety and wellbeing of children. Providing false information or information contradicting the background check information is grounds for immediate volunteer denial from The Gate's program.

By signing your signature to this form, you acknowledge your statements are to be true and give full consent to complete the requested background check.

	Date	Signature	
Print Name Date	Date	Print Name	