



L² Children's Ministry

Adult Volunteer Application

Name: (exactly as it appears on your DL) _____

DOB: _____ Gender: _____ Race: _____

Phone Number: _____ Cell Number: _____

Address: _____

Social Security #: _____ Driver's License #: _____

Email Address: _____

Emergency Contact Name & #s:

Are you a member of L²? _____ If yes, how long: _____

If not a member, how long have you been attending L²? _____

Have you ever been arrested for, charged with, under probation for or convicted of sexual abuse, physical abuse, maltreatment or neglect? _____

Have you ever been arrested for, charged with, ticketed, under probation for, or convicted of possession, sale or use of controlled substances, alcohol or drugs? _____

Have you been arrested or convicted or ticketed for any criminal act more serious than a traffic violation? _____

Have you ever been asked to step away from ministry or work with children in any setting, paid or volunteer? _____

Waiver/Release:

I, the undersigned, give my authorization to L² representatives to verify the information on this form. L² may contact my references and appropriate government agencies as deemed necessary in order to verify my suitability as a church volunteer working with children. The information contained in this application is correct to the best of my knowledge.

Date: _____ Signature: _____