

# Volunteer Interest Form

2024-2025 Program Year



## Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ No Email: ☐

Preferred Spoken Language: \_\_\_\_\_ Second Language: \_\_\_\_\_

## All About Me

*Tell us a little about yourself by briefly completing these statements.*

I am passionate about: \_\_\_\_\_

I am happy to help with: \_\_\_\_\_

I want to learn how to: \_\_\_\_\_

Please don't ask me to: \_\_\_\_\_

I thought you should also know: \_\_\_\_\_

## Volunteer Interest Areas

- |  |  |
|--|--|
| <input type="checkbox"/> Community Ministries (General)      | <input type="checkbox"/> Community Ministries (Wednesday Nights) |
| <input type="checkbox"/> Discipleship (Youth: Grades 6-12)   | <input type="checkbox"/> Discipleship (Children: Grades PreK-5)  |
| <input type="checkbox"/> Discipleship (Nursery: Infant-PreK) | <input type="checkbox"/> Discipleship (Adults)                   |
| <input type="checkbox"/> Fellowship / Special Events         | <input type="checkbox"/> Hospitality                             |
| <input type="checkbox"/> Congregational Care                 | <input type="checkbox"/> Church Committee / Council _____        |
| <input type="checkbox"/> Administration / Office             | <input type="checkbox"/> Other _____                             |

## Volunteer Knowledge Areas, Skills & Abilities

*Please list any special knowledge areas, skills, or abilities that you have related to the volunteer interest areas you checked above. Example: Classroom teaching experience, gardening, cooking, finance, etc.*

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Flip form over to continue...

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## Protection Policy Agreement

I understand that Trinity has a Protection Policy that guides all work with children, youth, and vulnerable adults. Volunteers & staff are required to be familiar with the policy. It is available on the Trinity website and in classroom binders. Questions about the policy can be addressed to the Director of Discipleship.

### Please Initial Each Line Below:

- \_\_\_\_\_ I have reviewed Trinity's Protection Policy and agree to observe and abide by the policies set forth in it for the protection of children, youth, and vulnerable adults.
- \_\_\_\_\_ I agree to participate in trainings provided by Trinity related to my area(s) of work.
- \_\_\_\_\_ I agree to immediately report inappropriate behavior, suspicious activity, or observed abuse or allegations of abuse, as dictated in the Protection Policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Volunteer Communication Consent

Trinity United Methodist Church desires to promote safety and to create a healthy environment for smartphones, instant messaging apps, texting, and other forms of digital communication between its volunteers, staff, and students who participate in activities where children, youth, and vulnerable adults are involved. As such, a Digital Communication Policy is included in our Protection Policy (pages 14-15).

### Please Initial Each Line Below:

- \_\_\_\_\_ I have reviewed Trinity's Digital Communications Policy and agree to observe and abide by the policies set forth in it.
- \_\_\_\_\_ I understand that employees of Trinity, volunteers, and program participants are not to transmit any content that is illicit, unsavory, abusive, pornographic, discriminatory, harassing, or disrespectful when communicating with each other or with minors involved in ministry activities.
- \_\_\_\_\_ I understand that if I become aware of abuse through digital media, I must immediately begin the reporting procedures contained in the Protection Policy.
- \_\_\_\_\_ I authorize Trinity to obtain copies of telephone or internet records related to my interactions with vulnerable persons if needed to investigate or document an incident. I agree to help Trinity obtain any records it requests.
- \_\_\_\_\_ I understand that any person who violates Trinity's Digital Communication Policy may lose electronic communications privileges and/or be removed from their Trinity staff or authorized volunteer position.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Volunteer Photo Release

I hereby authorize and consent to the use of images (still photograph, digital image, or video), with or without my name(s), by Trinity United Methodist Church of Grand Rapids for purposes including but not limited to: promotional materials, printed publications, internet posts including social media, television, and other media sources. I do this with full knowledge and consent and waive all claims for compensation for use or for damages. I release Trinity United Methodist Church its officers, trustees, employees, and agents from liability for any claims by me or any third party in connection with the use of the image.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Volunteer Background & Reference Check

I understand that to work with children, youth & vulnerable adults, I must complete a background & reference check through *Safe Gatherings* (<https://safegatherings.com>). The process must be completed every three years and includes an online training course. To get information on the status of a *Safe Gatherings* check, volunteers can login online or follow-up with Laura Johns, Director of Discipleship.

### Please Initial Applicable Line Below, Agreeing That:

\_\_\_\_\_ To the best of my knowledge, my *Safe Gatherings* background & reference check is current and will not expire during this program year (September to May).

OR

\_\_\_\_\_ I commit to completing a new *Safe Gatherings* background check within 4 weeks of signing this form and give Trinity permission to run an iChat background check in the meantime to ensure compliance.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## Volunteer Driver Application (Optional)

In addition to the *Volunteer Interest Form* and the *Safe Gatherings* registration, background, and reference checks, this form must also be filled out in order for you to be a driver during events involving children, youth, and vulnerable adults. **A copy of your driver's license and proof of insurance is required for our files.**

Full Name: \_\_\_\_\_

Previous Last Name(s): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### From Driver's License:

License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Has your driver's license ever been suspended or revoked? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

### From Proof of Insurance:

Carrier Name: \_\_\_\_\_

### Please Initial Each Line Below, Agreeing That:

\_\_\_\_\_ I am 21 years of age or older.

\_\_\_\_\_ I will wear and agree to require all passengers to wear seat belts or restraints.

\_\_\_\_\_ I will drive in a safe and responsible manner and will not exceed posted speed limits.

\_\_\_\_\_ I have auto insurance and will notify Trinity should the status of my insurance change.

\_\_\_\_\_ I have a valid driver's license and will notify Trinity should the status of my license change.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_