

CAMP SONLIGHT VOLUNTEER APPLICATION

Today's Date: _____

Volunteer Position Sought: _____

PERSONAL INFORMATION

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Social Security number: _____ - _____ - _____

Are you 18 years of age or over? ____ Yes ____ No

EMERGENCY CONTACT

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Day _____ Evening _____

Name of your church: _____

Church Address: _____

Name of Pastor who recommends you: _____

Please describe your prior volunteer experience (include organization names and dates of service)

Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of volunteer opportunity.

I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with Victory Baptist church Ministries and Camp Sonlight that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by Victory Baptist Ministries. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Victory Baptist Ministries or my termination as a volunteer.

Signature _____ Date _____

AUTHORIZATION/CONSENT

During the application process and at any time during the tenure of my volunteer service with Victory Baptist Ministries, I hereby authorize LexisNexis Screening Solutions, Inc. on behalf of Victory Baptist Ministries to procure a consumer report (known as an investigative consumer report in California) which I understand may include information regarding my character, general reputation, or personal characteristics. This report may be compiled with information from courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such investigation includes information bearing on my character, general reputation, or personal characteristics.

Applicant Volunteer Signature

Date

_____-_____-_____
Social Security Number *

Date of Birth *

* For identification purposes only

MN & Oklahoma Residents please note: In connection with your application for employment/service, your consumer report may be obtained and reviewed. Under Minnesota and Oklahoma law, you have a right to receive a free copy of your consumer report by checking the appropriate box below.

YES, I am a Minnesota resident and would like a free copy of my consumer report.

YES, I am an Oklahoma resident and would like a free copy of my consumer report.

CA Residents please note: Under CA law, you have a right to receive a free copy of your report by checking the appropriate box below.

YES, I am a California resident and would like a free copy of my investigative consumer report.

Printed Name _____

Street Address _____

City, State, Zip _____

BACKGROUND VERIFICATION DISCLOSURE

This is used to inform you that a consumer report is being obtained from a consumer reporting agency for the purpose of evaluating you for volunteer service.

This report may contain information bearing on your character, general reputation, and personal characteristics from public or private record sources.

California Notice:

You have the right under Section 1786.22 of the California Civil Code to contact LexisNexis during normal business hours to obtain your file for your review. You may obtain such information as follows:

1. In person at the LexisNexis office at the address listed above. You will need to furnish proper identification prior to receiving your file. You may have someone accompany you and should inform such person that they will also have to present reasonable identification. If you want LexisNexis to disclose to or discuss your information with this third party, you may be required to provide a written statement granting ChoicePoint permission to do so.
2. By certified mail, if you make a written request (and provide proper identification) to have your file sent to a specified addressee.
3. By telephone, if you have previously made a written request and provided proper identification.

LexisNexis has trained personnel to explain any information that is furnished to you and to explain any information that is coded.

Non-Profit Agency please note: If consumer checks "YES" regarding the full consumer report, and consumer resides in California, you will need to provide the individual with a copy of their consumer report.