CHRIST CHURCH OF OAK BROOK

Appendix L

Annual Renewal Volunteer Application Minor

Please check any Ministries in which you currently serve:

Early Childhood Ministry ☐ Children's Ministry ☐ Middle School Ministry ☐ MOPS ☐

Child Care Worker ☐ High School Ministry ☐ Other (Specify) _____

Personal Information:

First Name _____ Middle Initial ____ Last Name _____

Please fill out address information if there is a change:

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Cell Phone Carrier (for texting) _____ Email _____

Since submitting your previous application, have you:

1. Used illegal substances or *abusively used* legal but addictive substances (including alcohol)? ☐ Yes ☐ No
2. Been arrested for any reason? ☐ Yes ☐ No
3. Been convicted of, or pleaded no contest to any crime? ☐ Yes ☐ No
4. Engaged in or been accused of any act of child molestation, exploitation or abuse? ☐ Yes ☐ No
5. Had a change in your health that may affect your ministry with children or students? ☐ Yes ☐ No

If you answered "yes" to any of the above, please explain.

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Appendix L

Authorizations:

BY COMPLETING AND SUBMITTING THIS FORM, I AGREE TO THE FOLLOWING:

1. I am the parent or legal guardian of the person named below (the "Minor"), who is volunteering to serve in the ministry(ies) checked below. I understand that CCOB intends to take reasonable precautions to assure the safety and security of volunteers, but acknowledge that, even with such precautions, there is a possibility of injury or death or loss of or damage to property.
2. I give my permission for the Minor named below to volunteer for the ministry(ies) indicated.
3. In consideration of CCOB's allowing the Minor to participate, I release CCOB and its members, officers, directors, employees and agents from any liability for injury to or death of, or damage to or loss of personal property belonging to, the Minor occurring in connection with his/her volunteer service.
4. Should an accident or other medical emergency occur in connection with his/her volunteer service, I authorize a physician selected by the representative of CCOB to approve any medical treatment deemed necessary, including but not limited to trauma treatment, administration of medication, hospitalization, anesthesia and surgery.
5. I also agree that any photographs, video recordings and voice recordings of the Minor taken in connection with his/her participation in ***any*** Christ Church event will be the property of Christ Church of Oak Brook and may be used by Christ Church of Oak Brook for any promotional and informational purposes it deems appropriate. Possible uses include but are not limited to exhibits, displays, DVDs and CDs, printed collateral, Web pages and external periodicals.
6. This release will be valid for one year from authorized signature's date of this document.

Child's printed name:_____

Parent/Guardian Signature _____ Date _____

Parent/Guardian printed name:_____

Please return this application in a sealed envelope to the Pastor/Director of the area you wish to volunteer or mail directly to the church, attention: Executive Pastor of Ministry.

FOR OFFICE USE ONLY

Ministry Pastor/Director _____ Date _____

Executive Pastor of Ministry _____ Date _____

Updated: 8/2014