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**Part B: Volunteer Application**

Do you believe in Jesus Christ as your Lord and Savior?  YES  NO

Are you determined to live as a disciple of Jesus Christ, according to the Word of God?  YES  NO

Tell us about your spiritual journey to date.

In what church/school ministries are you presently involved?

Tell us why you have chosen to work with the children/youth at our church and/or school?

Have you ever been convicted or pleaded guilty of a criminal offense against a person?  YES  NO

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

Have you ever been convicted or pleaded guilty of a criminal offense against a person?  YES  NO

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

Do you have a record of founded child abuse?  YES  NO

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

Do you possess or use medical marijuana?  YES  NO

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

Do you or have you had problems with alcohol abuse, drug abuse, physical or sexual abuse?

"  Yes  No

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

*I certify that all the information in this Volunteer Application is truthful and accurate.*

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

Trinity Lutheran Church & School  
Church: (623) 935-4665 School: (623) 935-4690

**Part C: Driver Application**

Describe any medical conditions that could affect your ability to safely transport individuals.

Have you been convicted of any moving violations in the last five years?  YES  NO

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

Have you been involved in any motor vehicle accidents in the last seven years?  YES  NO

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

Have you been convicted of a DUI, or had your license revoked or suspended in the past 10 Years?

"  YES  NO

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

Do you carry personal auto insurance?  YES  NO

" **If yes**, please identify the insurance company and policy number: \_\_\_\_\_

**PLEASE ATTACH A PHOTOCOPY OF THE FRONT AND BACK OF YOUR CURRENT DRIVER'S LICENSE AND INSURANCE CARD TO THIS FORM.**

*I certify that all the information in this Driver Application Section is truthful and accurate. I agree to notify the church within 14 days of any changes in any of the above information. I authorize the Trinity Lutheran Church and School to verify this information with the Department of Motor Vehicles and to check references on my driving. I understand that false statements on this application will constitute grounds for immediate dismissal.*

*Also, by signing, I agree to abide by the safety procedures established by Trinity Lutheran Church and School.*

- ! Trinity Lutheran Church and School Driving Safety Procedures:
- ! ! 1. All occupants of the vehicle must wear their seatbelt while the vehicle is in motion.
- ! ! 2. Abide by all traffic laws.
- ! ! 3. Follow the planned route and avoid unnecessary stops.
- ! ! 4. When possible, contact the person in charge if you experience a delay.

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

