

- Received
- Background
- Interviewed
- Contacted



Attach Driver's License Photo

Sponsored by Southwest Community Church  
 4405 Van Dyke Road, Minooka, IL  
 (Camp Director, Mark Fleming: 815-791-7922)

## Birthday Party/One Day Volunteer

**INSTRUCTIONS:** Please Print. All information is held strictly confidential. This form must be completely filled out. The information is vital to your acceptance and possible placement as a counselor.

Today's Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Current Drivers License # \_\_\_\_\_

Social Security # \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Gender  M  F Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Street \_\_\_\_\_ Age \_\_\_\_\_ Marital Status \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Best way to contact you:  Phone  Cell  Email  Facebook  Other \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  I text \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for children or youth work. In consideration of the receipt and evaluation of this application by **Southwest Community Church**, hereby release any individual, church, youth organization, charity, employer reference, or any other person or organization, including record custodians, both collectively and individually from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

I further state that I have carefully read the foregoing release and know the contents thereof and I sign this release as my own free act. This is a legally binding agreement which I have read and understand.

Please be advised that a criminal history check will be requested from the state(s) of **Illinois, as well as your current state of residence** as authorized by state law.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

About you