



**CEDAR PARK ASSEMBLY OF GOD  
CEDAR PARK CHRISTIAN SCHOOLS  
VOLUNTEER APPLICATION**

Your interest in the ministries of Cedar Park Church is appreciated. Cedar Park Assembly of God (Cedar Park) is a religious non-profit organization. We invite you to complete the following application and return it as soon as possible. Cedar Park does not discriminate against any person because of sex, race, color, national origin, age, or disability as required by federal law (to the extent applicable to Cedar Park). As a religious non-profit organization, Cedar Park may prefer volunteers on the basis of religion.

I want to volunteer as a \_\_\_\_\_ in the \_\_\_\_\_,  
a ministry of Cedar Park.

**PERSONAL INFORMATION**

Full name: \_\_\_\_\_ Date: \_\_\_\_\_  
(First) (Middle) (Last)

Other names ever used or known by: \_\_\_\_\_

Social Security Number : \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital status (optional):  Single  Married  Widow(er)  Separated  Divorced  Remarried

Name of spouse (optional): \_\_\_\_\_

Ages of children, if any (optional): \_\_\_\_\_

Name and phone number of emergency contact: \_\_\_\_\_

Your current address: \_\_\_\_\_

Phone: (day) \_\_\_\_\_ (evening) \_\_\_\_\_

Email address: \_\_\_\_\_

Length of time at current address: \_\_\_\_\_

Please list any other persons residing at the above address and their relationship to you:

\_\_\_\_\_

\_\_\_\_\_

Please list your previous residences for the past five years with dates (attach a separate sheet if necessary):

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Do you use tobacco? \_\_\_\_\_ Do you drink alcoholic beverages? \_\_\_\_\_

Do you have a current driver's license?

Yes \_\_\_\_\_ Please list your driver's license number \_\_\_\_\_

No \_\_\_\_\_ Please list alternative identification \_\_\_\_\_

**Please explain "yes" answers to the following questions more fully on a separate piece of paper.**

1. Are there any facts or circumstances involving you or your background that would call into question your involvement in an environment where children or youth may be present?

Yes \_\_\_\_\_ No \_\_\_\_\_ Answering yes will not necessarily bar you from volunteering.

2. Have you ever been held, detained, taken into custody, charged, arrested, indicted, fined, forfeited bond, cited, or convicted for a violation of any law, regulation, or ordinance?

Yes \_\_\_\_\_ No \_\_\_\_\_ Answering yes will not necessarily bar you from volunteering.

3. Are you currently under indictment, on probation, parole, or work release?

Yes \_\_\_\_\_ No \_\_\_\_\_ Answering yes will not necessarily bar you from volunteering.

4. Have you ever been investigated by the Department of Social and Health Services, including, but not limited to, Child Protective Services, or a similar department or agency in any other state or jurisdiction?

Yes \_\_\_\_\_ No \_\_\_\_\_ An investigation will not necessarily bar you from volunteering.

5. Have you ever had your driver's license suspended or revoked for any reason?

Yes \_\_\_\_\_ No \_\_\_\_\_ Answering yes will not necessarily bar you from volunteering.

6. Have you accepted Jesus Christ as your personal Savior?

Yes \_\_\_\_\_ No \_\_\_\_\_ Your voluntary answer will not necessarily bar you from volunteering.

**REFERENCES**

Please list two persons who are available for immediate contact and who can comment on your character, reputation and/or work experience. References cannot be related to you and cannot be living in your household. They may be friends, neighbors, or others with whom you have frequent personal and/or business relationships.

1. Name \_\_\_\_\_ Known since: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number (day) \_\_\_\_\_ (evening) \_\_\_\_\_

2. Name \_\_\_\_\_ Known since: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number (day) \_\_\_\_\_ (evening) \_\_\_\_\_

## **Criminal History Information**

Please complete this Criminal History Information. Cedar Park may conduct a criminal history background check on you and request a copy of your driving record (if you may operate a commercial vehicle on behalf of Cedar Park). Further dissemination of any records obtained is prohibited without your written permission. You will be notified of the results of the background check within 10 days of receipt and provided with a copy upon request.

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

Alias/Maiden Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. Have you ever been convicted of any crime? Yes  No

If yes, specify \_\_\_\_\_

\_\_\_\_\_

For purposes of answering this question, conviction shall include any conviction in any jurisdiction, including convictions by way of trial, plea (guilty, "Alford", *nolo contendere*, or no contest even if they be later withdrawn), deferred prosecution, suspended sentence or stipulation. Conviction shall also include convictions that have subsequently been dismissed, expunged, vacated, reduced, mitigated, or otherwise stricken from official record. A conviction will not necessarily bar volunteering.

2. Have you ever had findings made against you in any civil adjudicative proceeding as defined in RCW 43.43.830?  
Yes  No

If yes, specify \_\_\_\_\_

\_\_\_\_\_

RCW 43.43.830 (3) "Civil adjudicative proceeding" is a judicial or administrative adjudicative proceeding that results in a finding of, or upholds an agency finding of, domestic violence, abuse, sexual abuse, neglect, or exploitation or financial exploitation of a child or vulnerable adult under chapter 13.34, 26.44, or 74.34 RCW, or rules adopted under chapters 18.51 and 74.42 RCW. "Civil adjudicative proceeding" also includes judicial or administrative orders that become final due to the failure of the alleged perpetrator to timely exercise a right afforded him or her to administratively challenge findings made by the department of social and health services or the department of health under chapter 13.34, 26.44, or 74.34 RCW, or rules adopted under chapters 18.51 and 74.42 RCW.

I declare, under penalty of perjury under the laws of the State of Washington, that the statements above are true and correct. I authorize Cedar Park Assembly of God to conduct a criminal background check on me and to obtain a copy of my driving record (if you may operate a commercial vehicle on behalf of Cedar Park).

Signed this \_\_\_\_ day of \_\_\_\_\_, (year) \_\_\_\_\_, at \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

*Wet signature only; no electronic signatures.*

## Release

### (INCLUDING AUTHORIZATION OF RELEASE OF INFORMATION, AND DEFENSE, INDEMNIFICATION AND HOLD HARMLESS OBLIGATIONS BY APPLICANT)

I, \_\_\_\_\_, have applied to volunteer in a ministry of Cedar Park Assembly of God.

I authorize Cedar Park, in its efforts to process my application and to check my background and contact references, to provide a copy of this release to any person or entity, and authorize Cedar Park and other parties to treat a facsimile copy of this release as if it were the signed original.

I authorize Cedar Park to contact any person or entity to obtain information about me, including the employers, organizations, supervisors, governmental agencies and references that I list in my application and others identified by Cedar Park. Without limiting the foregoing, I understand and agree that this release allows the Department of Social and Health Services, including Child Protective Services, to release information concerning me.

I hereby request, consent to, and authorize any current or former employer, person, firm, corporation, organization, education or vocational institution, or government agency to provide Cedar Park with information they have regarding me, including the release of information concerning my performance, qualifications, personal and work history, dates of employment, dates of volunteer service, job titles, reasons for leaving, salary, and opinions about me. The released information may be in the form of a letter of reference, a response to an evaluation form prepared by Cedar Park, telephone interviews or other interviews initiated by Cedar Park, or any other means deemed appropriate by Cedar Park. I understand that the information released may include facts and/or opinions that are unfavorable to me and/or with which I may disagree.

I hereby expressly waive any and all rights I may have of access to any letter of reference, to any response to an evaluation form, to anything discussed in telephone conversations or interviews, or information otherwise obtained by Cedar Park, including any right to inspect and review, any right to have a copy made for my use, and any right to request an amendment of or correction to any released information.

I hereby release and agree to defend, indemnify and hold harmless Cedar Park and its past, present and future pastors, elders, deacons, leaders, employees, directors, officers, volunteers, agents, successors and assigns, and insurers from any and all liabilities arising from or in any way related to requesting or receiving information about me. I also release and agree to defend, indemnify and hold harmless any person or organization or entity (whether listed in my application or not) and its respective directors, owners, officers, employees, volunteers and agents who provide information or references about me to Cedar Park from and against any and all liability arising from or in any way related to their disclosure of any information or opinions about me.

I hereby acknowledge that I have read, understand, and willingly sign and agree to this document.

**THIS STATEMENT CONTAINS A RELEASE OF CLAIMS AND AN OBLIGATION TO DEFEND,  
INDEMNIFY AND HOLD HARMLESS CEDAR PARK ASSEMBLY OF GOD AND OTHERS.  
PLEASE READ IT CAREFULLY.**

**This signed Release must be a part of the application package. The Release must be mailed, faxed, or taken to Cedar Park for the application to be considered complete.**

Applicant's  
Signature: \_\_\_\_\_

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

*Wet signature only; no electronic signatures.*

**AGREEMENT**

**My answers on this Application are true and correct and complete. I understand that if I am accepted as a volunteer by Cedar Park, it will be at the will of both parties and that my volunteering can be terminated at any time, with or without cause. I understand and agree that no offer or promise of employment has been made.**

**I authorize Cedar Park to request criminal background checks on me and copies of my driving record (if I may operate a commercial vehicle on behalf of Cedar Park) upon an offer of a position as a volunteer and during the course of my volunteering.**

**I understand that Cedar Park expects its volunteers to conduct their professional and personal lives in a manner that reflects Cedar Park’s evangelical Christian character. I understand that Cedar Park expects its volunteers to refrain from behavior that conflicts with evangelical Christian standards including, but not limited to, immoral cohabitation; alcohol or substance abuse including drunkenness and illegal drug use; and inappropriate speech such as vulgar or sexually suggestive words, gossip, and insubordination. If I am a volunteer at Cedar Park, I agree to abide by these expectations.**

**I also have read and agree to the terms provided in the Release.**

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**Signature**

*Wet signature only; no electronic signatures.*

**Date**

# DISCLOSURE

## Disclosure Regarding Background Check for Employment/Volunteer Purposes

Cedar Park Assembly of God (“the Company”) may obtain information about you from a third party consumer reporting agency for employment or volunteerism. Thus, you may be the subject of a “consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, social security verification, motor vehicle records (“driving records”).

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by IntelliCorp, 3000 Auburn Drive, Suite 410, Beachwood, Ohio 44122; Tel. No. 1.888.946.8355; [www.intellicorp.net](http://www.intellicorp.net).

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Signature

*Wet signature only; no electronic signatures.*

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Date

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Printed Name

# ACKNOWLEDGMENT & AUTHORIZATION

*All individuals hired by Cedar Park will or may have unsupervised access to children under the age of 18 or a vulnerable adult or person, as defined by Washington law; Cedar Park is therefore exempt from the Washington Fair Chance Act (2SHB 1298).*

I acknowledge receipt of the separate stand alone Disclosure and certify that I have read and understand it and this authorization. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by Cedar Park Assembly of God at any time after receipt of this authorization and throughout my employment or volunteerism, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **IntelliCorp Records, Inc., 3000 Auburn Drive, Suite 410, Beachwood, Ohio 44122; Tel. No. 1.888.946.8355; [www.intellicorp.net](http://www.intellicorp.net)**.

I also consent to have any legally required notices sent electronically.

**Washington State applicants only:** You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

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Signature *Wet signature only; no electronic signatures.*

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Date

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Printed Name

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*If under 18, Parent/Guardian Name*

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*If under 18, Parent/Guardian  
Signature*

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Date

*Wet signature only; no electronic  
signatures.*



<b>Type:</b> __ Employee   __ Volunteer	<b>Code:</b> _____
<b>Church:</b> __ CPC           __ Cedar Springs Camp   __ CPCN	<b>CPCS:</b> __ Bellevue           __ Bothell
__ Legacy       __ Mechanics Ministry   __ Northshore	__ Lynnwood       __ Mill Creek
__ RFKC       __ Stillwater	__ MLT

# Emergency Information Form

This information is to be kept strictly confidential and will be accessed only in case of emergency.  
 Cedar Park assumes no liability or duty as a result of receiving this information from you.  
*It is your responsibility to fill out a new form if any of the information below changes.*

**Personal Information**

Your Name: _____	Email (Personal): _____
Home Address: _____	Home Phone: (    ) _____
	Cell Phone: (    ) _____
Spouse: _____	Employer: _____
Work Phone: (    ) _____	Cell Phone: (    ) _____
Alternative. Phone: (    ) _____	Primary Email: _____

**Other Emergency Contacts - Local**

Name: _____	Relationship: _____
Cell Phone: (    ) _____	Alternative Phone: (    ) _____
	_____
Name: _____	Relationship: _____
Cell Phone: (    ) _____	Alternative Phone: (    ) _____
	_____

**Out of Area Emergency Contact**

Name: _____	Relationship: _____
Cell Phone: (    ) _____	Alternative Phone: (    ) _____
Street Address: _____	City, State: _____

**Medical Information**

Medical Insurance: _____	Policy or ID number: _____
Physician: _____	Phone: _____
Date of Birth: _____	Date of Last Tetanus Shot: _____
Allergies: _____	
Wear Dentures/Bridge: <input type="checkbox"/>	Wear Contacts: <input type="checkbox"/>

Employee/Volunteer grants permission to Cedar Park employees and agents to administer emergency treatment or to take Employee/Volunteer to a licensed physician for medical treatment, emergency surgery, or hospitalization if the Employee/Volunteer becomes ill or sustains an injury, or otherwise requires medical treatment or attention. Employee/Volunteer gives consent to any licensed physician to administer drugs or medicine or to perform such medical procedures as that physician determines necessary for the relief of pain and to preserve the Employee's/Volunteer's life or health.

The Employee/Volunteer agrees to assume the responsibility for all medical, transportation, rescue, and other related expenses incurred on behalf of the Employee/Volunteer. The Employee/Volunteer agrees to assume the responsibility of updating this document as needed.

**This document contains a waiver and release of liability.**

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