

The Episcopal Church of the Holy Cross Faith Formation Returning Volunteer Information

This form is to be completed by all returning volunteers for children's ministry within the community of Holy Cross. This is not an application form. This information is requested in accordance with Diocesan guidelines with the single purpose to assist those with leadership responsibilities for this worshipping community in providing a safe and secure environment for all who participate in our programs and use our facilities.

Full First Name: _____ Middle initial: _____

Last Name: _____

Present Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Email address: _____

Within the last year, I have read and understand the *Guidelines and Procedures in Cases of Sexual Abuse and Sexual Misconduct* published by the Episcopal Diocese of Olympia, Seattle.

_____ Initial

Within the last 5 years, I have completed a "Safeguarding God's Children" training session hosted by the Diocese of Olympia.

Date /Place of Training _____

_____ Initial

I have received and agreed to follow the established guidelines set forth by Holy Cross Episcopal Church regarding prevention, detection and reporting of child abuse.

_____ Initial

I willingly consent to a criminal background check provided by the Washington State Patrol. In order to do so I need to provide the following information:

Copy of my drivers' license _____ My date of birth: _____
Social Security # _____ mm/dd/yyyy

_____ Initial

I understand that all information contained in this form and in the criminal background check will remain confidential

_____ Initial

Signed

Date