



NG TEEN CENTER VOLUNTEER APPLICATION PACKET

Dear Prospective Volunteer for New Growth Santiam Teen Center,

In Today's society child abuse and child accusations are occurring daily. Therefore it is important that New Growth Teen Center take steps to protect the children we serve and protect our workers from false accusations.

All volunteers and staff are required to undergo screening according to Santiam Teen Center Child Protection Policy. This includes the following:

- 1) Complete the Volunteer Application Packet.
 - Complete and sign the Application Form
 - Complete three References and hand out Reference forms.
 - Complete and sign the Background Check Authorization Form
 - Complete and sign the Confidentiality Form

NGTC requires a background check for all volunteers containing the following searches:

- National Criminal Database Search
- National Sex Offender Registry Search
- Social Security Number Address History Trace

- 2) Provide a copy of a government issued ID such as a driver's license.

- 3) Complete training

ONLY after these screening procedures are complete and approved, will you be authorized to participate in the Teen Center. Please submit the Volunteer Application packet to **2800 Kindle Way, Stayton Oregon 97383** and complete each additional part of the process in a timely manner. Thank you for joining us to protect and care for our communities children.



NG TEEN CENTER

VOLUNTEER APPLICATION FORM

**Please submit this form to the 2800 Kindle Way, Stayton Oregon 97383*

Name: _____

Phone #: _____

Email: _____

Church Affiliation: _____

Address (street or P.O. BOX, city, zip): _____

1) Please describe why you are interested in volunteering at the Teen Center?

2) Please list and explain any volunteer service or work with youth that you have been involved with:

Organization and Description	How Long?
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3) What are your strengths, talents, and interests that you might be willing to share with students?

4) What is your availability for helping with the Teen Center? (Days of the week & times)



REFERENCES

Please provide us with the name and phone number of at least 3 personal character references (please do not include relatives.) **Each Reference will need to fill out a form (attached) and mail it to 2800 Kindle Way, Stayton Oregon 97383.**

Reference #1 _____

Name: _____

Address: _____

Phone Number: _____

Relationship: _____

Reference#2 _____

Name: _____

Address: _____

Phone Number: _____

Relationship: _____

Reference #3 _____

Name: _____

Address: _____

Phone Number: _____

Relationship: _____

By signing below, I acknowledge that the information I have provided is true and correct. I have also read New Growth's policies and procedures and agree to abide by them in my capacity as a volunteer.

Signature _____ Date _____



NG TEEN CENTER BACKGROUND CHECK FORM

This form is to be completed by all applicants for any position involving the supervision of minors. Background checks are used as part of a larger Abuse Prevention policy in order to help the Santiam Teen Center provide a safe and secure environment for those children and youth who participate in our programs and use our facilities.

Name:(Last, First, Middle)_____

Former Last Name (if name has changed):_____

Date of Birth:_____SSN:_____

Current Address:_____

1) Have you ever been convicted of or pled guilty of a felony crime?

yes _____ no _____

If yes, in which state?_____

Please explain (use the back of this page if you need more room for your answers).

2) Have you ever been accused of child abuse? If yes, please explain.

yes _____ no _____

3) Describe any painful life experiences you had as a child/minor which may affect you while working with youth? Please explain, use back of page if needed.

I hereby state my understanding of the Background Check policy of New Growth Teen Center and give my consent for a background check through Protect My Ministry.

Signature:_____ Date:_____



NG TEEN CENTER CONFIDENTIALITY STATEMENT

In the course of my involvement with New Growth Youth Center, including the approval of the application process I am aware of the following:

I may be privy to confidential information regarding individuals receiving services from the Teen Center about staff members, volunteers and other affiliates and I should keep any and all information confidential regardless of it being professional or personal in nature.

In addition, I may have access to or be informed of confidential information including but not limited to:

- Student information
- Incident Reports
- Medical or Mental Health conditions and information
- School records
- Legal Documents

All of which are property of New Growth Ministries, Santiam Teen Shelter and are considered confidential information.

I FULLY UNDERSTAND THAT CONFIDENTIAL INFORMATION MUST BE TREATED WITH
UTMOST CARE.

In all circumstances, I will use this information only for the purpose for which it was intended and in order to fulfill my volunteer role with NGTC. I will not access, read or redistribute any confidential information for which I have not been authorized. I hereby acknowledge the sensitivity and confidential nature of such information and I agree to keep all such information strictly confidential from individuals who are not eligible to receive the information.

I am over the age of 18 and acknowledge and show compliance with the above statements.

Name: PRINT _____ Date: _____

SIGNATURE _____