

VOLUNTEER APPLICATION**(For Those Working with Minors)**

OHIO VALLEY YEARLY MEETING

3960 Winding Way

Cincinnati, OH 45229

PURPOSE: This form is to be completed for any position involving the supervision or care of minors. This is being used to provide a safe and secure environment for the activities or programs of OVYM. (Approved by OVYM Exec Committee 4/7/2007)

APPLICANT'S PERSONAL INFORMATION

FULL NAME		POSITION	
CURRENT ADDRESS		PREVIOUS ADDRESS (If less than 1 year at current address).	
CITY/STATE/ZIP		CITY/STATE/ZIP	
DATE OF RESIDENCE	PHONE	DATE OF RESIDENCE	PHONE
EMAIL		CURRENT OCCUPATION	
WORK PHONE		DRIVERS LICENSE STATE AND NUMBER	

PERSONAL REFERENCES

REFERENCE NAME	ADDRESS	PHONE

ADDITIONAL INFORMATION

Please provide any additional information not covered elsewhere, which will strengthen your application, such as previous work experience related to youth, special achievements, special interests or talents you can share with youth, and what is (or has been) your connection to and/or experience with the Religious Society of Friends (Quakers).

DECLARATION

I understand that in serving as a volunteer for the position in this application that I am willing to abide by the policies and procedures set forth by Ohio Valley Yearly Meeting to reduce the risk of child abuse. I understand that child abuse is a serious matter and will do my part in the prevention of child abuse while serving.

The statements made on this form are complete and accurate. I grant OVYM permission to contact references, schools, and employers. I agree to obtain a background check and to provide a copy of that report if asked.

SIGNATURE	DATE
PARENT/GUARDIAN SIGNATURE (If applicant is under the age of 18)	DATE