

**VOLUNTEER APPLICATION FORM**  
**For Shining Stars Respite**  
**CONFIDENTIAL**

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**Note: This form must be successfully completed by all applicants for any volunteer position involving supervision or custody of minors at Shining Stars Respite. This application is used by Shining Stars Respite/Calvary Church to help promote a safe environment for the children who participate in our programs or use our facilities. We will keep confidential all information received in the applicant selection process. Selection information will be marked as such and stored with limited access, afforded only to Shining Stars Respite Team/Calvary Church and others with a need to know.**

Please answer each question consistent with relevant law, the information on this application will not be disclosed to unauthorized persons. Circle **Y** for yes and **N** for no. You may use the back of the paper for explanations or you may attach extra pages.

**Applicant Identification:**

Name \_\_\_\_\_

Present Address \_\_\_\_\_

Home phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

**Disciplinary and Legal Background:**

**Y N** Have you ever been formally accused or arrested or charged with a sexual offense, offense relating to children, or crime of violence? If you have been charged with such an offense please make a statement of explanation, including nature of offense charged, date, law enforcement agency making the charge, and any other relevant information.

**Y N** Have you ever been reported to a social services agency, law enforcement authority, child abuse registry, or similar organization regarding abuse or misconduct involving children? If so, provide a description of the circumstances and name and address of the entity receiving the report.

**Y N** Do you have any investigation, review, or disciplinary action pending by an employer, organization in which you volunteered, licensing authority, or professional association for sexual misconduct, violence, or misconduct involving children?

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PRINT NAME

DATE

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SIGNATURE