



**APPLICATION TO WORK/VOLUNTEER WITH
CHILDREN, YOUTH AND/OR VULNERABLE ADULTS**

This application and reference form are to be completed by all persons who desire to work with children, youth, and/or vulnerable adults in Hope in the Mountains ministries. This application form is being used to help Hope in the Mountains provide a safe and secure environment for those children, youth, and/or vulnerable adults who participate in our programs and for those who work with them.

Part 1 – Personal Information

Date _____

Name _____
Last First Middle

Former Name (if applicable) _____

Present Address _____

City _____ State _____ Zip _____

Home Phone _____ Other Phone Numbers _____

E-Mail Address _____

How long have you lived at the above address? _____

Are you fully vaccinated against COVID-19 and willing to provide a copy of vaccination card?
 Yes No

Hope in the Mountains has an open-door policy which means that a parent, volunteer, or Hope in the Mountains staff member can visit/observe at any time. Are you comfortable with this atmosphere?
 Yes No

Hope in the Mountains requires the use of two teachers/leaders for all children/youth activities. Are you comfortable with team teaching?
 Yes No

Are you willing to be photographed and/or videoed by volunteers or the media for the purpose of promoting Hope in the Mountains, Inc.? Yes No

Please note: Answering “Yes” to any of the next four questions does not automatically disqualify you from the position for which you are applying. An affirmative answer will necessitate an interview to provide further explanation.

Have you ever been charged with, convicted of, or pled guilty to a misdemeanor? Yes No

Have you ever been charged with, convicted of, or pled guilty to drug-related charges? Yes No

Have you ever been charged with, convicted of, or plead guilty or no contest to a crime against children or other persons? Yes No

Have you ever committed any act of child abuse or sexual molestation against a minor? Yes No

I expressly consent to taking safe sanctuary training given by Hope in the Mountains and having a criminal background check performed in my name by Hope in the Mountains and Screening One at a cost of \$16.00? Yes No

I affirm that everything I have written is true and correct.

Signature of Applicant

Date

Part 3 - References

Please list three persons who have known you for at least three years and who are familiar with your character and/or your work particularly as it relates to supervision of children and youth. None of the references may be a relative. If possible, one of the references should be a local pastor.

1. Name _____

Address _____

Daytime Phone _____ Evening Phone _____

Length of time you have known the reference _____

How do you know the reference? _____

2. Name _____

Address _____

Daytime Phone _____ Evening Phone _____

Length of time you have known the reference _____

How do you know the reference? _____

3. Name _____

Address _____

Daytime Phone _____ Evening Phone _____

Length of time you have known the reference _____

How do you know the reference? _____

Part 5 - Applicant's Authorization and Release

The information contained in this application is correct and complete to the best of my knowledge. I authorize the references listed in this application to give you any information (including opinions) that they may have regarding my character and fitness to work with children, youth, and vulnerable adults. In consideration of the receipt and evaluation of this application, I hereby release any individual, church, judicatory, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family on account of compliance or any attempts to comply, with this authorization.

Should my application be accepted, I agree to abide by Hope in the Mountains Child Protection Standards and will live by the understanding that, as a person of authority, it is my responsibility to avoid inappropriate behavior with children, youth, and adults in my care. I further state that I have carefully read the foregoing Authorization and Release and know the contents thereof and I sign it as my own free act. This is a legally binding agreement which I have read and understand. All information provided by me to Hope in the Mountains will be kept confidential.

Applicant's Signature _____ Date _____

Return completed application to: Hope in the Mountains – Volunteer Coordinator
PO Box 1675
Sophia, WV 25921

Or Email to: hopeinthemountains@earthlink.net

Annual Participation Covenant Statement for Staff/Volunteers

Hope in the Mountains is committed to providing a safe and secure environment for all children, youth, adults, and volunteers who participate in ministries and activities sponsored by Hope in the Mountains. The following policy statements reflect Hope in the Mountains commitment to preserving our ministry as a place of safety and protection for all who would enter and as a place in which all people can experience the love of God through relationships with others.

1. Adult volunteers with children and youth shall observe the “Two-Adult Rule” at all times so that no adult is ever alone with children or youth.
2. Adult volunteers with children, youth, and/or vulnerable adults shall attend regular training and educational events provided by the Hope in the Mountains to keep volunteers informed of Hope in the Mountains policies and state laws regarding child abuse.
3. Adult volunteers shall immediately report suspected abuse or neglect to appropriate authorities.
4. Adult volunteers agree to a criminal background check performed by Screening One at a cost of \$13.00.

Please answer each of the following questions:

1. As a volunteer for Hope in the Mountains, do you agree to observe and abide by all Hope in the Mountains policies regarding working in ministries with children, youth, and vulnerable adults?
 Yes No
2. As a volunteer for Hope in the Mountains, do you agree to observe the “Two-Adult Rule” at all times?
 Yes No
3. As a volunteer for Hope in the Mountains, do you agree to participate in training and education events provided by Hope in the Mountains related to your volunteer assignment? Yes No
4. As a volunteer for Hope in the Mountains, do you agree to promptly report suspected abusive or inappropriate behavior to your supervisors and appropriate authorities? Yes No
5. As a volunteer for Hope in the Mountains are you willing to have a criminal background check every 5 years? Yes No

I have read this Participation Covenant and I agree to observe and abide by the policies set forth above.

Signature _____ Date _____