ALL INFORMATION IS CONFIDENTIAL

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Name					
Firs	t	MI	Last		
Address	Street Address	City	Sta	ate	Zip
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Phone numbers	Home	Work	С	ell	
Best times to reach me at home are			_ May we call you at work? ☐ Yes ☐ No		
Email (Main form	of communication)				
Church membersl	hip: □ Yes □ No				
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Emergency conta	ctname an	d relationship	Phone _		
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Naiver / Release
If desiring to work with minors, I have read First Reformed Church's Child Protection Policy and Volunteer
Guidelines and agree to be bound by them. □ yes □ no initial here:
I, the undersigned, give my authorization to Sibley First Reformed Church representatives—hereafter referred to as The Church—to verify the information on this form. The Church may contact my references and appropriate government agencies as deemed necessary in order to verify my suitability as a church volunteer. I am willing to request and submit to The Church background reports on myself from any organization The Church chooses.
The information contained in this application is correct to the best of my knowledge and will only be viewed by the appropriate Church staff. I understand that any falsification, misrepresentation, or omission of facts called for herein will result in my disqualification from further consideration as a volunteer.
Should my application be accepted, I agree to be bound by the RCA Book of Church Order, Church By- Laws, statement of faith and policies of The Church, and to refrain from conduct unbecoming to Christ in the performance of my services on behalf of The Church. If I violate these guidelines, I understand that my volunteer status may be terminated.
I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF, AND I SIGN THIS RELEASE AS MY OWN ACT. This is a legally binding agreement which I have read and understand.
Print name
Signature
Date