



**OPTIONAL**  
Trinity School volunteers

## VOLUNTEER SCREENING FORM

This form is to be completed by all applicants for any position involving the supervision or custody of minors. This is not an employment application form. This form is being used to help our church provide a safe and secure environment for those children and youth who participate in our programs and use our facilities. The completed form will be available only to designated Trinity staff members and will be maintained in a secure file location.

Date: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Maiden

Former Name(s) and Dates Used: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

Occupation: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State Issued: \_\_\_\_\_

Do you have any health condition that might put a child at risk? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_

Have you ever been convicted of or pleaded guilty to a crime? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_

Do you now, or have you ever, had a substance abuse problem? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_

Do you use illegal drugs? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_

Have you ever been charged with physical or sexual abuse of a minor? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_

Personal References:

- |                     |                     |
|---------------------|---------------------|
| 1. Name: _____      | Name: _____         |
| Address: _____      | Address: _____      |
| City: _____         | City: _____         |
| Relationship: _____ | Relationship: _____ |

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\* To do our best to insure the safety of our students, a back ground check will be done on all volunteers. \*\*