



## The Latrobe Alliance Church

130 Kingston St., Latrobe PA 15650  
724-537-8907

Thank you for your willingness to volunteer to serve with our youth (a legal term referring to anyone under the age of 18). As a youth, there is only one form that the church needs: a completed Volunteer Personnel Form for Youth. This form must be signed by by you and an adult parent/guardian. While not mandatory for volunteer service, it is helpful if you are able and willing to provide your date of birth.

Again, thank you for your willingness to serve,

David W. Grumbine, Jr.  
Director of Christian Education  
The Latrobe Church of the Christian and Missionary Alliance

## VOLUNTEER PERSONNEL FORM (under age 18)

Application for Work with Children, Youth or Developmentally Disabled Persons in the  
Latrobe Christian and Missionary Alliance Church

Introduction: This form is to be completed by an applicant for any volunteer position within a Christian and Missionary Alliance church involving the supervision or custody of children under the age of 18 or the developmentally disabled, and for any paid staff member, regardless of his/her job responsibilities. It is being used to help church leaders provide a safe environment for those children, youth and developmentally disabled persons who participate in our programs and use our facilities.

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

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

Home Phone ( ) \_\_\_\_\_

What type of work with children, youth or developmentally disabled person are you considering?  
\_\_\_\_\_

I will:

- Cheerfully abide by the decisions of my church
- Regularly attend church services, and
- Teach and live according to the beliefs of this church

Yes No (Circle one)

### Statement of Applicant:

The information contained in this application is correct to the best of my knowledge. In consideration of the receipt and evaluations of this application by Latrobe Alliance Church, I hereby release any individual, church, youth organization, charity, employer, reference or any other person or organization, including records custodian, 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 the account of compliance or any attempts to comply with this authorization. I waive any right that I might have to inspect references provided on my behalf. Should my application be accepted, I agree to be bound by the bylaws and policies of Latrobe Alliance Church and to refrain from unscriptural conduct in the performance of my services on behalf of the church.

I further state that I HAVE CAREFULLY READ THE FORGOING RELEASE AND KNOW THE CONTENTS THEREOF AND SIGN THIS RELEASE OF MY OWN FREE ACT. This is a legally binding agreement which I read and understand.

\_\_\_\_\_  
Signature of Applicant Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Guardian Date \_\_\_\_\_