

**Joy El Ministries**  
**RELEASED TIME VOLUNTEER APPLICATION**

09/10

**Section 1 – Information**

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

Mr Mrs Miss Rev **Name:** Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

**Volunteer's Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Spouse:** Last, First \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City State Zip +4

**Phone:** \_\_\_\_\_  
Home Work Cell Phone Emergency Contact Number

**Email:** \_\_\_\_\_

**Home Church Name:** \_\_\_\_\_

**City Home Church is Located:** \_\_\_\_\_ **Denomination** \_\_\_\_\_

**Pastor's Name:** \_\_\_\_\_ **Church's Phone:** \_\_\_\_\_

**Church Email** \_\_\_\_\_

Elem CIA XA

**RT School:** \_\_\_\_\_

**Please check areas where you volunteer in RT**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> School Coordinator           | <input type="checkbox"/> Listener                     | <input type="checkbox"/> Bus Driver       |
| <input type="checkbox"/> Assistant School Coordinator | <input type="checkbox"/> Prayer Warrior               | <input type="checkbox"/> Van Driver       |
| <input type="checkbox"/> Teacher                      | <input type="checkbox"/> Public Promotion Person      | <input type="checkbox"/> Bus or Van Rider |
| <input type="checkbox"/> Secretary                    | <input type="checkbox"/> Key Follow-Up Person         | <input type="checkbox"/> Song Leader      |
| <input type="checkbox"/> Assistant Secretary          | <input type="checkbox"/> Historian and Journal Keeper | <input type="checkbox"/> Pianist          |
| <input type="checkbox"/> Small Group Leader (CIA)     | <input type="checkbox"/> Child Care Provider          | <input type="checkbox"/> Helper           |
|   |   | <input type="checkbox"/> _____            |

Yes No I am willing and available to help as a substitute at another RT.

I am also serving in the following RTs \_\_\_\_\_.

This will be my \_\_\_\_\_ year serving in RT.

Briefly state how and when you became a Christian (salvation experience) if you did not write this on a previous application.

**Beliefs**

**Key Elements of Joy El Ministries' Statement of Faith**

1. Inerrancy of scripture
2. Virgin birth of Christ
3. Deity of Christ
4. Substitutionary blood atonement for our salvation
5. Bodily resurrection and Second Coming of Jesus Christ

**Released Time Bible Program Purpose** is seeing **R**elationally **E**quipped **A**dults **D**isciplining **S**tudents.

- OVER -

**Legalities**

**Abuse Issues**

In an effort to preserve **Joy El Ministries** and staff from undue and unfounded accusations regarding inappropriate moral behavior, please read through the following, answer all the questions and sign on the indicated line.

1. All staff, whether **Joy El** staff or volunteers, should avoid situations where there is one adult and one or more children in a room or area that is not readily visible to other staff. If conditions necessitate a volunteer working with children in an area where there are no other staff, doors should be kept open at all times.
2. Have you ever been accused or convicted of a felony? \_\_\_\_Yes \_\_\_\_No
3. Have you ever been accused or convicted of a criminal offense involving children? \_\_\_\_Yes \_\_\_\_No If yes, please explain.
4. Is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of children/youth? \_\_\_\_Yes \_\_\_\_No (If you answer "yes" to this question, you may be asked to explain in an interview.)
5. Have you already had a background check? \_\_\_\_Yes \_\_\_\_No  
**If yes, please attach a copy of your background check report to this application.**
6. Will you grant **Joy El** permission to request a background check to be made on your behalf?  
 \_\_\_\_Yes \_\_\_\_No If not, please explain.
7. Please provide us with your Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ .

**Leadership of Joy El Ministries**

Believing in Christian unity, I will defer to the policies and practices of **Joy El Ministries'** board and leaders. Should there arise a disagreement that can't be resolved, I'll discontinue my participation with Released Time and/or **Joy El Ministries**.

**My Commitment and Agreement**

1. I will explain the basic fundamentals of the Gospel without my particular denominational emphasis as I work with the children in Released Time.
2. I have read and filled in the **Abuse Issues** portion of this form.
3. I have read and support the **Key Elements of Joy El Ministries' Statement of Faith**.
4. I will practice a biblical lifestyle that has been historically acceptable.
5. I will abide by the policies and leadership of Joy El Ministries.

**By signing below I agree that I have read this form and also give Joy El Ministries permission to use photos that may include me in print or electronic media for publicity purposes.**

**Signed \_\_\_\_\_ Date \_\_\_\_\_**

I understand that if I transport students in my own vehicle, I am assuming any liability under my own personal insurance policy. I have a valid driver's license, am between 21-70 years old, and have minimum liability insurance coverage of \$100,000/\$300,000. I will abide by and stay current with all state laws, even as they are updated. I am taking my own initiative to transport students and am not being told to do so by **Joy El Ministries**. I have not had more than 2 minor traffic violations, a major accident, or a major traffic violation in the past 3 years. A minor traffic violation would include, but not be limited to running a stop sign, speed limit violation of less than 10 mph over speed limit, etc. A major traffic violation would include, but not be limited to a speed limit violation of more than 10 mph over the speed limit, DUI, etc. I will have another adult accompany me in my vehicle. All passengers will wear seat belts and in Pennsylvania, if a student is younger than 8 years old, I will provide a booster seat. In Maryland, if a student is younger than 6 years old or weighs less than 60 pounds, I will provide a booster seat. If anything changes regarding the above criteria, I will immediately notify the Director of Released Time Ministries, and will cease transporting students.

**I WILL** transport Released Time students in a personal vehicle.

**I WILL NOT** transport Released Time students in a personal vehicle.

**Signed \_\_\_\_\_ Date \_\_\_\_\_**

**Joy El Ministries** reserves the right to request a personal interview. If you have questions about **Joy El Ministries'** programs or this questionnaire, please call or write. Please return this form promptly to:

**Joy El Ministries 3741 Joy El Drive Greencastle, PA 17225-9001**

**Phone: 717-369-4539**

**Fax: 717-369-2927**

**[www.joyel.org](http://www.joyel.org)**

**[info@joyel.org](mailto:info@joyel.org)**