



MOPPETS Program Volunteer Application

Thank you for your interest in helping the MOPPETS Program and for completing this form. Our MOPS group looks forward to getting to know more about you. Your answers to the following questions will be kept in confidence.

Name _____
Mailing Address _____
E-mail Address _____
Phone _____ Date of Birth _____

Have you been trained or certified in CPR or do you have any other medical training?

Yes No If so, when? _____

Does your health limit your ability to lift children?

Describe your experiences with children (paid or volunteer):

How long have you lived in Alaska? If less than five years, please list prior residence.

Do you have a church home? Yes No

If so, where and how long? _____

Why do you want to help in the MOPPETS program? _____

What other activities are you committed to on a regular basis? _____

(See back page)

When are you available to volunteer in the MOPPETS program? (Days of week)

Where are you most interested in volunteering? Please mark your choices.

Infant Nursery Toddler Nursery Preschool Any

Statement of Faith

References (Two people who know you well)

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Have you ever been convicted of, or pled guilty to, a crime? If yes, when and for what?

Have you ever been charged with, pled guilty to, or been convicted of child abuse or any crime involving a minor? If yes, please explain.

I authorize any references listed in this application to give you any information they may have regarding my fitness for child/youth work. I release all such references from liability for any damage that may result from furnishing such evaluations to you. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

I authorize MOPS to undertake any investigation it deems appropriate in connection with this application, including reference checks and criminal checks.

I hereby certify that I am familiar with and will follow the MOPS (Community Covenant Church) policies & procedures. I further certify that there is nothing in my personal life which would prevent me from implementing these policies in a way that protects the best interest of children in my care at all times.

Applicant Signature _____ Date _____