

*Southern Missouri District Royal Rangers*  
**APPLICATION FOR STAFF or ALUMNI MEMBERSHIP**

\*\*\* CONFIDENTIAL \*\*\*

This application is required of all persons who desire to volunteer for ministry with the Southern Missouri District Royal Rangers either as a member of our staff or a member of our Royal Rangers Alumni program. This information is necessary to enable our district to provide a safe and secure environment for all who participate in our district programs and use our facilities, including both you and the children & youth we serve.

**PERSONAL INFORMATION**

Full Legal Name: \_\_\_\_\_ Maiden Name (if any): \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ If less than 5 years, give previous address:

Previous Address: \_\_\_\_\_

Marital Status: ☐ Married ☐ Single/Not Married Name of Spouse \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Type: ☐ Home ☐ Work ☐ Mobile ☐ Other

Email Address: \_\_\_\_\_

**CHURCH & MINISTRY**

Name & city of the church you currently attend: \_\_\_\_\_

Is this an Assemblies of God Church? ☐ Yes ☐ No - If not, what denomination? \_\_\_\_\_

How long have you attended there? \_\_\_\_\_ Are you a member? \_\_\_\_\_

How long have you been a Christian? \_\_\_\_\_ Have you been baptized in water? ☐ Yes ☐ No

Have you been baptized in the Holy Spirit, with the evidence of speaking in tongues? ☐ Yes ☐ No

Are you a credentialed minister with the Assemblies of God? ☐ Yes ☐ No

If yes, provide district & level of credentials: \_\_\_\_\_

Are you a member of FCF? ☐ No ☐ Yes – FCF name: \_\_\_\_\_

If FCF member, select current membership level: ☐ Frontiersman ☐ Buckskin ☐ Wilderness

What experience have you had in ministry to children or youth, including Royal Rangers? \_\_\_\_\_

What education or training have you completed to prepare for ministry, including Royal Rangers? \_\_\_\_\_

Do you embrace the Assemblies of God statement of faith as described online at AG.org/beliefs? ☐ Yes ☐ No

If no, please explain: \_\_\_\_\_

## SERVICE PREFERENCES

What type of work, area of ministry, or leadership position are you most interested in? \_\_\_\_\_

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## CHILDREN & YOUTH PROTECTION POLICIES

The following policies reflect our commitment to provide protective care of all children, youth, and volunteers who participate in church sponsored activities.

- Adults who have been convicted of either child sexual or physical abuse should not volunteer service in any church sponsored activity or program for children or youth.
- Volunteers must observe the “two-worker” rule. A minimum of two workers (one of which should be at least 18 years of age) shall be present during any children/youth activity. No worker should never be alone with a child/youth.
- Volunteers should immediately report any behaviors which seem abusive or inappropriate to the District Royal Rangers Director.
- Volunteer staff do not, under any circumstances, practice physical/corporal punishment or militant, demeaning procedures with the children.

Your signature at the end of this document affirms your understanding of these standards and your agreement to abide by them, as well as all other stated policies of our district Royal Rangers program.

Have you ever been convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor? ☐ Yes ☐ No If yes, please explain: \_\_\_\_\_

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## PERSONAL REFERENCES

Please provide three personal references who have known you for at least one year and are not related to you. Provide daytime phone numbers. Minors (under 18 yrs) may provide references from coaches and teachers.

One of these references must be the pastor of your church as named above.

1. CURRENT PASTOR: \_\_\_\_\_ Years Known: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2. Name: \_\_\_\_\_ Years Known: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

3. Name: \_\_\_\_\_ Years Known: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## CRIMINAL BACKGROUND CHECK AUTHORIZATION

This information is required of adults only (18 years of age or older). Minors skip to the next section.

*I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of volunteer worker assignment is true and complete to the best of my knowledge.*

*I hereby authorize the leadership over me to investigate all statements contained in this application to determine my suitability for volunteer assignment and otherwise investigate my character, reputation, personal characteristics, work habits, performance, experience, skills and/or abilities. My district and its agents/representatives are also authorized to verify information and conduct any investigation into my personal, motor vehicle, and employment history, and request any records related thereto, and to request and receive all criminal history record information pertaining to me.*

*I hereby hold harmless all persons, organizations, and agencies who provide my district with any information, and such entities or persons are hereby fully released from any and all claims and damages that may be connected with their release of any of the information they provide. Furthermore, I do hereby agree to forever release, indemnify, and hold harmless my district, their agents, representatives and assigns to the full extent permitted by law, from any claims, damages, losses, liability, costs, and expenses or any other charge or complaint related to this authorization and the retrieving and reporting of information.*

*I hereby request a criminal background check and the release of any information which pertains to any record of convictions in its files or in any criminal file maintained on me whether local, state, or national. I hereby release any criminal law enforcement agency from any and all liability resulting from such disclosure. Any person or entity relying on this request may rely on a photocopy or facsimile as if it were an original*

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Current County of Residence: \_\_\_\_\_

Do you have a current driver's license? ☐ Yes ☐ No

If yes, give number, type, & state of issue: \_\_\_\_\_

## APPLICANT'S CERTIFICATION

*The facts set forth above in this application are true and complete. I understand that, if I am assigned as a volunteer worker, any false statements on this application or omission of information from this application shall be considered sufficient cause for dismissal.*

*I understand this application will remain active for sixty (60) days, and that if I am not assigned as a volunteer worker within this period, I may be required to reapply to be considered at a later date. The duration of my assigned area of ministry is determined by the District Royal Rangers Director.*

*I understand that, if I am accepted, the length of my assignment is not guaranteed. I recognize that I will be free to terminate this volunteer worker assignment voluntarily at any time, or without cause. I acknowledge that the district will be free to terminate my assignment at any time with or without cause, and with or without notice. I further agree to supplement this application if there are any significant changes to the information I have provided.*

*Should my application be accepted, I agree to be bound by the Bylaws and policies of the district and to refrain from unscriptural conduct in the performance of my services on behalf of the district.*

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

*I commit myself to children/youth service with the Southern Missouri District Royal Rangers. If I am unable to serve as assigned, I will notify the proper person so that my position is not vacant.*

**SIGNATURE of APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PARENTAL CONSENT & AUTHORIZATION**

(To be completed by parent or legal guardian of applicants less than 18 years of age)

*As parent or legal guardian of the above-named minor, I give consent for them to volunteer with the Southern Missouri District Royal Rangers program. I verify my child is physically and emotionally capable of the volunteer worker assignment. I give my authorization for my child/youth to fill out an application and have a responsible party check their references.*

Name of Parent (please print): \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE of PARENT: \_\_\_\_\_ DATE: \_\_\_\_\_

Applicant's Date of Birth: \_\_\_\_\_ Applicant's Grade in School: \_\_\_\_\_

Mail completed applications to:

*Southern Missouri District Royal Rangers  
528 W Battlefield Road  
Springfield, MO 65807*