

VOLUNTEER APPLICATION FOR CHILDREN AND YOUTH MINISTRIES

Name: _____

Address: _____

Daytime phone: _____ Evening phone: _____

Cell number: _____ E-mail address: _____

Are you a Member of St John's: _____ Regular Attendee of St John's: _____

Month and Year you became Member or Regular Attendee: _____

Occupation: _____ Employer: _____

Current Job responsibilities and schedule: _____

Previous work experience: _____

Previous volunteer experience: _____

Special interests, hobbies and skills: _____

How many hours per week are you available to volunteer? _____

_____ Days _____ Evenings _____ Weekends

Can you make a one-year commitment to this volunteer role? _____

Do you have your own transportation? _____

Do you have a valid driver's license? _____

Do you have liability insurance? (List policy limits and name of carrier _____

Why would you like to volunteer as a worker with children and/or youth?

What qualities do you have that would help you work with children and/or youth?

How were you parented as a child? _____

How do you discipline your own children? _____

Have you ever been charged, convicted of, or pled guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, and other crimes of violence, theft or motor vehicle violations)? _____ No _____ Yes

If yes, please explain fully: _____

Have you ever been exposed to an incident of child abuse or neglect? _____ No _____ Yes
If yes, how did you feel about the incident? _____

Would you be available for periodic volunteer training sessions? _____ Yes _____ No

References: Please list three personal references (people who are not related to you by blood or marriage) and provide a complete address and phone information for each.
References are confidential.

1. Name: _____

Address: _____

Daytime phone: _____ Evening phone: _____

Relationship to reference: _____

2. Name: _____

Address: _____

Daytime phone: _____ Evening phone: _____

Relationship to reference: _____

3. Name: _____

Address: _____

Daytime phone: _____ Evening phone: _____

Relationship to reference: _____

Signature of Applicant

Date

**ST. JOHN'S UNITED METHODIST CHURCH
 CONSENT TO PERFORM A HISTORY/BACKGROUND CHECK**

IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)

Last Name		First Name	Middle Name or Initial
Maiden or other name(s) used in any and all other records of birth or records of residence			
Address			Apartment or #
City	County	State	Zip
**Date of Birth	**Social Security Number	**Gender	**Race
**Driver's License Number		**State of Issue	
**Insurance Policy #		**Insurance Company Name and Phone Number	

***AS SHOWN ON THE ORIGINAL APPLICATION**

****TO BE USED FOR CRIMINAL HISTORY CHECKS ONLY AND NOT A PART OF THE PERSONNEL FILE.**

I, _____, am an applicant for employment with the _____ CHURCH. As a part of the application process I have been advised that the church conducts a criminal history check. I do hereby consent to the use of any and all information provided to the church in the application process to be used in the criminal history/background check.

The following are my responses to questions about my criminal history (if any).

1. ___YES ___NO Have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense? (exclude minor traffic misdemeanors).

If yes, please provide details below.

State:	County:	Date of Offense: / /
Details of conviction:		

2. ___YES ___NO Have you ever received deferred adjudication or similar disposition for any federal, state or municipal offense?

If yes, please provide details below.

State:	County:	Date of Offense: / /
Details of conviction:		

3. YES NO Have you ever received probation or community supervision for any federal, state or municipal offense? If yes, please provide details below.

State:	County:	Date of Offense: / /
Details of conviction:		

4. YES NO Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? If yes, please provide details below.

State:	County:	Date of Offense: / /
Details of conviction:		

5. YES NO As of the date of this consent form, do you have any pending charges against you? If yes, please provide details below.

State:	County:	Date of Offense: / /
Details of conviction:		

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE HIGH SCHOOL GRADUATION OR AGE 18.

CITY/TOWN	COUNTY	STATE	YEARS LIVED

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS CONSENT FORM IS TRUE, CORRECT AND COMPLETE. IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE, I UNDERSTAND THAT GROUNDS FOR CANCELING OF ANY AND ALL OFFERS OF EMPLOYMENT WILL EXIST AND MAY BE USED AT THE DISCRETION OF THE CHURCH.

Signed this _____ day of _____, 20_____

APPLICANT (PRINT NAME) _____

APPLICANT'S SIGNATURE _____

SAFE SANCTUARIES PARTICIPATION COVENANT STATEMENT

The congregation of _____ Church is committed to providing a safe and secure environment for all children, youth, workers and volunteers who participate in ministries and activities sponsored by the church. The following policy statements reflect our congregation's commitment to preserving this church as a holy place of safety and protection for all who would enter and as a place in which all people can experience the love of God through relationships with others.

1. No adult who has been convicted of child abuse (either sexual abuse, physical abuse, neglect, emotional abuse or ritual abuse) should volunteer to work with children or youth in any church sponsored activity.
2. All adult volunteers involved with children or youth of our church must have been members or attendees of the congregation for at least six months before beginning a volunteer assignment.
3. Adult volunteers with children and youth shall observe the "Two Adult Rule" at all times so that no adult is left alone with children or youth on a routine basis.
4. Adult volunteers with children and youth shall attend regular training and educational events provided by the church to keep volunteers informed of church policies and state laws regarding child abuse.
5. Adult volunteers shall immediately report to their supervisor any behavior that seems abusive or inappropriate.

Please answer the following questions:

1. As a volunteer in this congregation, do you agree to observe and abide by all church policies regarding working in ministries with children and youth? ____ Yes ____ No
2. As a volunteer in this congregation, do you agree to observe the "Two Adult Rule" at all times?
____ Yes ____ No
3. As a volunteer in this congregation, do you agree to abide by the "Six Month Rule" before beginning a volunteer assignment? ____ Yes ____ No
4. As a volunteer in this congregation, do you agree to participate in training and education events provided by the church related to your volunteer assignment? ____ Yes ____ No
5. As a volunteer in this congregation, do you agree to promptly report abusive or inappropriate behavior to your supervisor(s)? ____ Yes ____ No
6. As a volunteer in this congregation, do you agree to inform a minister of this church if you have ever been convicted of child abuse? ____ Yes ____ No

I have read this **SAFE SANCTUARIES PARTICIPATION COVENANT STATEMENT**, and I agree to observe and abide by the policies set forth above.

Signature of Applicant

Date

Print Full Name

FORM FOR REFERENCE CHECK

Applicant Name: _____

Reference Name: _____

Reference Address: _____

Reference Phone: _____

1. What is your relationship to the applicant?
2. How long have you known the applicant?
3. How well do you know the applicant?
4. How would you describe the applicant?
5. How would you describe the applicant's ability to relate to children and/or youth?
6. How would you describe the applicant's ability to relate to adults?
7. How would you describe the applicant's leadership abilities?
8. How would you feel about having the applicant as a volunteer worker with your child and/or youth?
9. Do you know of any characteristics that would negatively affect the applicant's ability to work with children and/or youth? If so, please describe.
10. Do you have any knowledge that the applicant has ever been convicted of a crime? If so, please describe.
11. Please list any other comments you would like to make.
12. Please list contact information for one additional person from whom we can obtain a reference for this applicant.

Reference inquiry completed by: _____
Signature Date

REPORT OF SUSPECTED INCIDENT OF CHILD ABUSE

1) Name of worker (paid or volunteer) observing or receiving disclosure of child abuse: _____

2) Victim's name: _____

Victim's age/date of birth: _____

3) Date/place of initial conversation with/report from victim: _____

4) Victim's statement (give your detailed summary here): _____

5) Name of person accused of abuse: _____

Relationship of accused to victim (paid staff, volunteer, family member, other): _____

6) Reported to pastor: _ _____

Date/time: _____

Summary: _____

7) Call to victim's parent/guardian: _____

Date/time: _____

Spoke with: _____

Summary: _____

8) Call to local children and family service agency: _____

Date/time: _____

Spoke with: _____

Summary: _____

9) Call to local law enforcement agency: _____

Date/time: _____

Spoke with: _____

Summary: _____

10) Other contacts: _____

Name: _____

Date/time: _____

Summary: _____

Signature of Incident Reporter

Date

ACCIDENT REPORT FORM

(Please print all information)

Date of accident: _____ Time of accident: _____

Name of child/youth injured: _____ Age: _____

Address of child/youth: _____

Location of accident: _____

Parent or guardian: _____

Name of person(s) who witnessed the accident: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Describe accident:

Signature of Accident Reporter Date