

VOLUNTEER APPLICATION FOR TENDER LOVING CARE 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 Tender Loving Care Ministries?

What qualities do you have that would help you work with older adults?

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 St. John's United Methodist Church is committed to providing a safe and secure environment for all vulnerable adults and volunteers who participate in ministries and activities sponsored by the church. Special care should be taken when staff and volunteers are working with vulnerable adults. Volunteers often go to a vulnerable adult's place of residence or hospital as part of that specific ministry area.

1. Any volunteer that carries out work in the name of St. John's UMC will be screened by the Pastor and/or Tender Loving Care Ministries Coordinator.
2. Any volunteer that carries out work in the name of St. John's UMC should be active in the church for at least six months before working with a vulnerable adult.
3. When a vulnerable adult in a care facility is visited by a pastor or TLC volunteer representing St. John's, the door to the room shall be left open.
4. When a TLC volunteer is visiting a vulnerable adult in their home, it is recommended that 2 adults are present in addition to the vulnerable adult being visited.
5. Adult volunteers with vulnerable adults shall attend regular training and educational events provided by the church to keep volunteers informed of church policies and state laws.

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 vulnerable adults? Yes No
2. As a volunteer with vulnerable adults in this congregation, do you agree to abide by the "Six Month Rule" before beginning a volunteer assignment? Yes No
3. 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
4. As a volunteer in this congregation, do you agree to promptly report abusive or inappropriate behavior to the pastor(s)? Yes No
5. As a volunteer in this congregation, do you agree to inform the senior pastor of this church if you have ever been convicted of child abuse or abuse of a vulnerable adult? 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