ANNUAL RENEWAL APPLICATION FORM FOR PERSONS WHO HAVE PREVIOUSLY BEEN SCREENED TO WORK/VOLUNTEER WITH VULNERABLE PERSONS

This application is to be completed by all persons (volunteers or paid) who desire to work with vulnerable persons in our ministries *and* who have been previously screened and accepted for work with vulnerable persons by our church.

PERSONAL

Date _____

Name _____

Last First Middle

Former Name (if applicable) _____

Present Address _____

City _____ State _____ Zip _____

Home phone_____ Cell phone_____ Work phone_____

Have you ever been charged with, convicted of, or plead guilty or no contest to a crime against vulnerable persons or other persons? ☐NO ☐YES (If yes, please explain)

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Have you been screened and accepted by your local church to work with vulnerable persons ? ☐NO ☐YES

Have you ever participated in or been accused of any act of child abuse or sexual misconduct against a vulnerable person? ☐NO ☐YES (If yes, please explain)

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_____

How long have you been a member of the Streetsboro United Methodist Church?

_____

REAFFIRMATION OF APPLICANT'S AUTHORIZATION AND RELEASE

The information contained in the application is correct and complete to the best of my knowledge. I authorize any references listed in my original application to give you any information (including opinions) that they may have regarding my character and fitness for work with vulnerable persons. In consideration of the receipt and evaluation of this application by the Streetsboro United Methodist Church, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, or my heirs, or family on account of compliance or any attempts to comply with this authorization.

Should my application be accepted, I agree to abide by the Streetsboro United Methodist Church Safe Sanctuaries Policy and Procedures and live by the understanding that, as a person in authority, it is my responsibility to avoid inappropriate behavior with any vulnerable person in my care.

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

Applicant's Signature _____ Date _____