APPLICATION TO WORK/VOLUNTEER WITH VULNERABLE PERSONS

All portions of this application are to be completed by all persons (volunteer or compensated) who desire to work with vulnerable persons in our church's ministries. This application form is being used to help the church provide a safe and secure environment for those vulnerable persons who participate in our programs.

PERSONAL

Date: _____

Name:

_____

Last First Middle

Former Name (if applicable):

_____

Last First Middle

Present address:

_____

City: _____ State: _____ Zip code: _____

Home Phone (_____) _____ Cell Phone (_____)_____

E-mail address:_____

How long have you lived at the above address? _____

If less than one year, provide all previous addresses for the past five years.

_____

_____

Please indicate the type of youth or children's work you prefer. _____

Please indicate the date you would be available to begin. _____

List any gifts, callings, training, education, or other factors that have prepared you for working with vulnerable persons:

_____

_____

At the Streetsboro UMC, we believe that it is important for volunteers who are nurturing the faith foundation of others to also be nurturing their personal faith development. How would you describe your desire to grow in your faith and your spiritual practices?

_____

_____

THESE ARE MANDATORY QUESTIONS:

Have you ever been charged with, convicted of, pleaded guilty to, or no contest to a crime against children or other persons?

_____ Yes _____ No (If yes, please explain)

_____

_____

_____

Have you ever participated in or been accused of any act of abuse or sexual misconduct against a vulnerable person? _____ Yes _____ No (If yes, please explain)

_____

_____

_____

Are you aware of any traits or tendencies you possess that could pose a threat to vulnerable persons? _____ Yes _____ No (If yes, please explain)

_____

_____

_____

CHURCH HISTORY AND PRIOR YOUTH WORK

How long have you been attending this United Methodist Church?

_____

List (names and address) of other churches you have attended regularly during the past five years:_____

_____

List all previous work involving youth (list each church's and organization's name, city and state, type of work performed, and dates):

AFFIRMATION 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 or churches listed in this 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_____

REFERENCES

Please list three persons who are familiar with your character, particularly as it relates to supervision of children or youth. Include the pastor of the church most recently attended. None of the references may be a relative. References will be checked.

1. _____
Name Relationship

_____
Address

_____
Home Phone Cell Phone

2. _____
Name Relationship

_____
Address

_____
Home Phone Cell Phone

3. _____
Name Relationship

_____
Address

_____
Home Phone Cell Phone