

CHARITY UNITED METHODIST CHURCH

Application for Working with Minors

Our church cares about the children and youth in our programs, and desires to ensure their safety while they are in the church's supervision. Because we care for children and youth, our church asks any volunteer who will be providing supervision and/or leadership with minors to complete this disclosure form. The information obtained on this form is for internal use by Charity United Methodist Church only.

Name (Include Middle Initial) _____

Address _____

Home Phone _____ Cell phone _____ Gender: M F

Email Address (if over 18) _____

Occupation and Current Employer _____

List the churches you have attended regularly for the last several years. (Name and Location)

List all organizations through which you have volunteered with minors in the past 5 years. (Include Location)

- 1. Have you been active at CUMC for at least 6 months? Yes No
- 2. Have you ever been convicted of a criminal offense? Yes No
- 3. Do you have any criminal charges pending? Yes No
- 4. Have you ever been convicted of child neglect or abuse? Yes No
- 5. Do you have any charges of child neglect or abuse pending? Yes No
- 6. Have you ever been accused of abuse of a minor? Yes No
- 7. Have you been convicted of the possession, use or sale of drugs within the last five years? Yes No
- 8. Has your driver's license been suspended or revoked within the last five years? Yes No
- 9. In addition to the above, is there any fact or circumstances involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of children or young people? Yes No

If you answered yes to questions 2-9, please explain below:

STATEMENT OF UNDERSTANDING AND ACCEPTANCE

I have read and understand the Child Protection Policy and Procedures of Charity United Methodist. I agree to abide by these policies and procedures. I have no convictions for child abuse or any such expunged convictions. I authorize and release any references or churches which I might provide to Charity United Methodist Church to provide the Church any information (including opinions) that they may have regarding my work with children, youth, and/or vulnerable persons.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

-If Applicant is a Minor (under 18 yrs), Parents Must Sign

For Office Use Only

Safe Sanctuary Voluntary Checklist

Date of Training: _____

Name of Trainer: _____

Signature of Trainer: _____

Check off Documents and Process Completed:

- Application for Working with Minors
- Background Check Form
- Reference #1
- Reference #2
- Photo
- Picture ID with Appropriate Lanyard Provided
- Paper and Excel File Updated Date: _____

PERMISSION TO OBTAIN A BACKGROUND AND/OR DMV CHECK

I, the undersigned applicant, authorize **Charity United Methodist Church (CUMC)** through its independent contractor, **Screening One**, to procure a background check on me. This report may include by a social security number verification, present and former addresses, criminal and civil history/records, state sex offender records and driving history (including any traffic citations) for those applying to drive a church owned vehicle.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon written request to CUMC. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

I have never been convicted or expunged of any crime against a minor.

Signature: _____

Date: _____

INFORMATION FOR BACKGROUND SCREENING

Printed Name:

First	Middle	Last
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Other Names Used (alias, maiden name, nicknames):

Current Address:

Former Address (if less than 5 years at current address):

Social Security #: ____ - ____ - ____

Date of Birth: ____ / ____ / ____

Gender: M F

ADDITIONAL INFORMATION NEEDED FOR THOSE APPLYING TO DRIVE CHURCH VEHICLES

Driver's License State & Number: ____ / _____

Expiration Date: ____ / ____ / ____

This Application must be completed and signed by the applicant.
After the background check is processed, this form will be shredded to protect your personal information.

CHILDCARE WORKER REFERENCE FORM

Charity United Methodist Church

The individual named below has applied to work with children and youth at Charity UMC. This form should be completed as it relates to this person's character, and their qualification to work in such settings. Once you have completed the form, please put it in a sealed envelope, sign it on the seal, and either return it to the applicant to submit, return to the Church office or scan and email to charityumc@gmail.com.

APPLICANT NAME _____ **DATE:** _____

How long have you known the applicant? _____ In what capacity? _____

Would you affirm this person as a volunteer with children, youth, and/or adults with developmental disabilities?

_____ With no reservation _____ With some reservation _____ No, not at all

RATE THE APPLICANT IN THE FOLLOWING AREAS:	EXCELLENT	GOOD	FAIR	POOR	DON'T KNOW
PERSONAL HABITS					
CHARACTER					
MORAL					
ATTITUDE					
COMPASSION FOR THOSE IN NEED					
RESPONSIBLE TO COMPLETE COMMITMENTS					
EMOTIONAL STABILITY					
CHRISTIAN MATURITY					
ABILITY TO RELATE TO YOUTH (12 to 18 yrs. old)					
ABILITY TO RELATE TO CHILDREN (under 12 yrs.)					
RECEPTIVITY TO CONSTRUCTIVE CRITICISM					
HEALTH					

Please Print

REFERENCE NAME _____ EMAIL _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

SIGNATURE _____ DATE _____

Please be aware that the candidate for certification has the right, upon request, to review their file.

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