

CHURCH OF THE SAVIOUR

UNITED METHODIST



APPLICATION TO WORK OR VOLUNTEER WITH CHILDREN AND/OR YOUTH

*** All information given is confidential ***

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Marital Status: Single Married Widowed Divorced

Spouse's Name: _____

Emergency Contact: _____ Phone: _____

Number of Children: _____ Ages: _____

VOLUNTEER INTERESTS & HISTORY

Occupation: _____ Employer: _____

Previous volunteer experience (especially with children and youth), including organizations and responsibilities: _____

Special interests, hobbies, and skills: _____

Are you a member of Church of the Saviour? Yes No In Process

How long have you been attending? _____ years _____ months

In what ministry are you interested in volunteering? Children's Youth Music

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

Do you have the following medical training? CPR First Aid

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

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

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REFERENCES

VOLUNTEER NAME: _____

Please list references from three organizations where you have worked with children or youth. If you have fewer than three, please list personal references from Church of the Saviour for the remainder (excluding clergy and staff). These should be people not related to you by blood or marriage, who are familiar with your character, and preferably who have known you for at least 3 years. References are confidential.

1. Name: _____ Organization: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Relationship to Reference: _____ Length of Time Known: _____ years _____ months

2. Name: _____ Organization: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Relationship to Reference: _____ Length of Time Known: _____ years _____ months

3. Name: _____ Organization: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Relationship to Reference: _____ Length of Time Known: _____ years _____ months

Have you ever participated in, been accused or convicted of, or pleaded guilty or no contest to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, abuse, child abuse, sexual misconduct, other crimes of violence, theft, or motor vehicle violations)? Yes No

If yes, please explain: _____

Have you ever voluntarily left or been asked to leave a role within an organization due to a concern regarding inappropriate conduct with minors? Yes No

If yes, please explain: _____

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APPLICANT'S AUTHORIZATION AND RELEASE

The information contained in this application is correct and complete to the best of my knowledge. I authorize any individuals listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for work with children or youth. In consideration of the receipt and evaluation of this application by Church of the Saviour United Methodist, 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, my heirs, or family on account of compliance or any attempts to comply, with this authorization.

Should my application be accepted, I have read, understand, and agree to abide by the Child Protection Policy of Church of the Saviour and will live by the understanding that, as a person of authority, it is my responsibility to avoid inappropriate behavior with any children or youth in my care.

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

Applicant Signature: _____ Date: ____/____/____

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AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS CHECK

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize Church of the Saviour United Methodist to submit information to the Ohio Bureau of Criminal Identification and Investigation (BCI&I) and/or the Federal Bureau of Investigation (FBI) to conduct a criminal records check for information relating to me.

I voluntarily and knowingly authorize BCI&I and FBI to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to Church of the Saviour United Methodist, the agency I have designated to receive this information.

I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI&I, FBI and their employees from all claims and liability related to this authorized criminal record review and dissemination.

This authorization and waiver is valid for one year from the date this background check was conducted.

Applicant Signature: _____ Date: ___/___/___

Print applicant's full name: _____

Print all other names that have been used by applicant (if any): _____

Date of birth: ___/___/___ Place of birth (city, state): _____

Driver's license number: _____ State issuing license: _____

License expiration date: ___/___/___

Request sent via WebCheck to: Ohio Bureau of Criminal Identification and Investigation
P.O. Box 365, London, OH 43140
(740) 845-2000

and/or via third party vendor to: Federal Bureau of Investigation

List each address at which you have resided in the last five years:

Street Address: _____

City: _____ State: _____ Zip: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Street Address: _____

City: _____ State: _____ Zip: _____