## Church of the Master Volunteer Application



Personal I	Information
Full Name:	
Address:	
Email:	Phone:
Check all th Apply:	nat Employed Retired Student Family Manager/Stay-at-Home Parent
Why would y	ou like to serve as a volunteer worker with children, youth, or vulnerable adults?
Nother and the second	
what gifts, ta	lents, skills do you have that would help you in this position?
Commitm	nent to the mission of Church of the Master
Yes No	
	I agree to strive to conduct myself in a manner consistent with Church of the Master United Methodist's mission to: <i>Love God. Grow in Christ. Live to Serve.</i> While performing the responsibilities of my position.
	I agree to have Church of the Master run a background check on me.
	I will complete Safe Sanctuary Training before I begin volunteering.
Church/Vo	lunteer Background
Please list chur	rch/religious organizations you have participated with in the last 5 years
Place list valur	nteer opportunities you have participated in within the last 5 years
riedse list votai	neer opportunities you have participated in within the last 3 years
Personal Re	eference (do not list relatives)
Full Name:	Email:
Relationship	p: Phone:

1 of 3

Signature

Date

## **Confidential Screening Form**

This form will be reviewed by the Office Administrator and the staff who oversees the ministry area with which you will be volunteering. Please answer each question candidly and completely. A "yes" answer will not necessarily disqualify a person from serving as a volunteer. The form will be kept in a confidential file to protect your privacy.

Full Name:						
<b>P</b> lease check "yes" or "no." If you answer "yes" to any of the following questions, please attach an explanation noting the date, nature, and place of the incident involved, where the case was litigated or is pending, and the outcome or present state of the case.						
Yes	No	Have you ever been convicted of, or pleaded guilty or no contest, to a criminal charge or sexual abuse, child abuse, child molestation, or child neglect, in this state or any other state or country?				
		Have you ever been convicted of, or pleaded guilty or no contest, to any other crime, whether a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, or other crimes of violence, theft, or motor vehicle violations)?				
		Are there any criminal proceedings pending against you?				
		Are you the subject of an indicated child abuse or maltreatment report in this state or any other state or country?				
		Have you ever had a lawsuit alleging actual or attempted sexual discrimination, sexual harassment, sexual exploitation or sexual misconduct, physical abuse or child abuse filed against you which resulted in a judgement entered against you, or was settled out of court, or was dismissed because the statute of limitations had expired?				
		Have you ever terminated your employment or service in a volunteer position, or had your employment or authorization to hold a volunteer position terminated, for reasons relating to allegations of actual or attempted sexual discrimination, sexual harassment, sexual exploitation, or sexual misconduct, physical abuse or child abuse?				
		In the past 3 years, have you been convicted of, or pleaded guilt to, any offense involving a moving vehicle violation in this state or any other state?				

## **Confidential Screening Form (pg2)**

information if I beco	me aware that any answer I have work with the children or youth o	pest of my knowledge. I recognize my duty to update this e given at this time becomes inaccurate in the future whi or vulnerable adults at Church of the Master United	
	Signature	Date	
Applicant's Sta	tement		
persons identification by Communication by Communication by Communication by Communication by Communication identification ide	ed in this form to release ning me. In consideration Church of the Master Unit Methodist and any individuate or any other person collectively and individual nature which may at any liance or any attempts thave to inspect any inforentified by me in this applease.	zations, churches, and other entities and any information contained in their files or of the receipt and evaluation of this sed Methodist, I hear by release Church of the red Methodist, I hear by release Church of the red Methodist, I hear by release Church of the red Methodist, I hear by release Church of the red Methodist, I hear by release Church of the red Methodist, I hear by release of the red Methodist, I have carefully read the foregoing and I signed this release as my own free act.	of ny
Master United Astandards of safety comply wulnerable/oldesafety and proteunderstand and may result in michurch. My respectively are not trudetermine that	Methodist that all employed ety, interpersonal condu- with Church of the Maste er adult ministry policies a ection, sexual abuse and diagree that failure by me y immediate dismissal, or ponses above are truthful othful and accurate, Chur	the mission and ministry of Church of the ees and volunteers conform to the highest ct, and sexual morality. I affirm that I will ar United Methodist children, youth, and and procedures, including those concerning misconduct, and interpersonal relationships to abide by such policies and procedures disciplinary action, all in the discretion of the and accurate. I understand and agree that ch of the Master United Methodist may to be associated with its programs as a churapacity.	s. I ne if
	Signature	Date	