



Church of the Master United Methodist

Volunteer Application

APPLICATION FOR SERVANTS WORKING WITH CHILDREN, YOUTH OR VULNERABLE ADULTS

Name: _____

Address: _____

Preferred phone: _____ Secondary phone: _____

Email: _____

Occupation: _____ Employer: _____

Current job responsibilities: _____

Previous work experience: _____

Special interests, hobbies, and skills: _____

Why would you like to volunteer as a worker with children, youth or vulnerable adults?

What qualities do you have that would help you work with children, youth or vulnerable adults?

Would you be available for periodic volunteer training sessions? _____ No _____ Yes

Statement of Faith

Yes **No** I accept Jesus Christ as my Lord and Savior.

Yes **No** I agree to strive to conduct myself in a manner consistent with Church of the Master United Methodist's mission to: *Love God. Grow in Christ. Live to Serve.* while performing the responsibilities of my position.

Yes **No** I understand that Church of the Master United Methodist is part of the United Methodist denomination and I am subject to following the doctrine set forth in the *Book of Discipline* and the *Book of Resolutions* of our denomination.

List churches/religious organizations you have attended regularly in the last 5 years:

Church & Address Type of volunteer work Dates

List all other volunteer work and employment involving children, youth, and vulnerable adults:

Organization Address Type of work Dates

Two Personal References (Do not list relatives)

1. Name: _____

Address: _____

Home phone: _____

Cell phone: _____

E-mail: _____

Relationship to reference: _____

2. Name: _____

Address: _____

Home phone: _____

Cell phone: _____

E-Mail: _____

Relationship to reference: _____

Signature of Applicant

Date

CONFIDENTIAL SCREENING FORM

This form will be viewed by the Director of Next Generation Ministries and the Senior Pastor, as needed. *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.

Name _____

Please circle "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 status of the case.

1. Have you ever been convicted of, or pleaded guilty or no contest, to a criminal charge of sexual abuse, child abuse, child molestation, or child neglect, in this state or any other state or country?

Yes / No

2. 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, other crimes of violence, theft, or motor vehicle violations)?

Yes / No

3. Are there *any criminal proceedings* pending against you?

Yes / No

4. Are you the subject of an indicated child abuse or maltreatment report in this state or any other state or country?

Yes / No

5. 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 judgment entered against you, or was settled out of court, or was dismissed because the statute of limitations had expired?

Yes / No

6. 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?

Yes / No

7. In the past 3 years, have you been convicted of, or pleaded guilty to, any offense involving a moving vehicle violation in this state or any other state?

Yes / No

The information contained in this form is true to the best of my knowledge. I recognize my duty to update this information if I become aware that any answer I have given at this time becomes inaccurate in the future while I am volunteering to work with the children or youth of the Church of the Master United Methodist (“the Church”).

Signature

Date

Applicant's Statement

I hereby authorize all employers, organizations, churches, and other entities and persons identified in this form to release any information contained in their files or records concerning me. In consideration of the receipt and evaluation of this application by *Church of the Master United Methodist*, I hereby release *Church of the Master United Methodist* and 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. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application. I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF, AND I SIGN THIS RELEASE AS MY OWN FREE ACT.

I understand and agree that it is critical to the mission and ministry of *Church of the Master United Methodist* that all employees and volunteers conform to the highest standards of safety, interpersonal conduct, and sexual morality. I affirm that I will strictly comply with *Church of the Master United Methodist* children, youth, and vulnerable/older adult ministry policies and procedures, including those concerning safety and protection, sexual abuse and misconduct, and interpersonal relationships. I understand and agree that failure by me to abide by such policies and procedures may result in my immediate dismissal, or disciplinary action, all in the discretion of the church. My responses above are truthful and accurate. I understand and agree that if they are not truthful and accurate, *Church of the Master United Methodist* may determine that I am no longer qualified to be associated with its programs as a church worker, employee, or volunteer in any capacity.

Signature

Date