

APPENDIX I CHILD/YOUTH PROTECTION WORKER APPLICATION

Full Name: _____ SS# _____

Home Address: _____

Daytime Phone: _____ Evening Phone: _____

E-Mail Address: _____

Occupation: _____

Employer: _____

Current Job Responsibilities: _____

Previous Experience with Children/youth: _____

Special Interests, Hobbies, Skills: _____

Availability to Work? (Check One or More)
Days: _____ Evenings: _____ Weekends: _____

Can You Make a One-Year Commitment? Yes or No

Do You Have Your Own Transportation? Yes or No

Do You Have a Valid Driver's License? Yes or No; If Yes Please Provide Your License Number:

Initial here that we have your permission to check and obtain a report of your driving record and to share that information with those persons who will act on this Application?
_____ Yes _____ No _____ Initials _____ Date initialed: _____

Why Do You Want To Work With Children/Youth? _____

What Gifts, Education, Training, or Interests Do You Have That Would Help You Work With Children/Youth?

What are your views on appropriate ways to discipline?

Have you ever been charged with, convicted of, or plead guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, or other crimes of violence, theft or serious motor vehicle violations)? Yes or No

If "Yes" explain:

Have you ever had to deal with a child abuse situation in any way, including being abused, being accused of abuse, knowing someone who was abused, etc.? Yes or No

If Yes, please explain: _____

If Yes, what was your role: _____

References: Please list three personal references (i.e., people who are not related to you by blood or marriage) and provide a complete address and phone number for each.

Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Relationship to Applicant: _____

Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Relationship to Applicant: _____

Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Relationship to Applicant: _____

Do we have your permission to contact these references as well as anyone else in order to obtain information about you for the purpose of considering you for a position of one who would work with children and / or youth? _____ Yes _____ No _____

Do we have your permission to share this information with those persons who will participate in acting on this Application? _____ Yes _____ No _____

Date: _____

Signature of Applicant

APPENDIX IV

AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS CHECK

I, _____, HEREBY AUTHORIZE the Isle of Faith United Methodist Church to request any local, state or federal law enforcement department or agency to release information regarding any record of any investigations, charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is a local, state, or national file, and including but not limited to accusations and convictions for crimes committed, against minors, to the fullest extent permitted by local, state and federal law. I release any and all law enforcement departments, agencies, and their employees from all liability that may result from any such disclosure made in response to this request. I also give my permission for this information to be shared with those persons who will participate in making decisions with respect to my application.

You are authorized to rely upon a photocopy or fax copy of this document.

Signature of Applicant Date

Print applicant's full name: _____

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

Date of birth: _____ Place of birth: _____

Social Security number : _____

Driver's license number: _____ State in which license was issued: _____

License expiration date: _____

Request sent to: _____

Name: _____

Address: _____

Phone: _____

APPENDIX V

PARTICIPATION COVENANT STATEMENT

The congregation of Isle of Faith Church is committed to providing a safe and secure environment for all children, youth, and volunteers who participate in ministries and activities sponsored by the church. The following policy statement reflect our congregation’s commitment to preserving this church as a holy place of safety and protection for all who would enter and as a place in which all people can experience the love of god through relationships with others.

No adult who has been convicted of child abuse (either sexual abuse, physical abuse, or emotional abuse) should work with children or youth in any church-sponsored activity.

All adults involved with children or youth of our church must have been active participants of the congregation for at least six months before beginning a volunteer assignment.

All adults involved with children and youth of our church shall observe the Child Protection Policy at all times.

All adults involved with children and youth of our church shall attend regular training and educational events provided by the church to keep volunteers informed of church policies and laws regarding child abuse.

All adults involved with children and youth of our church shall immediately report to their supervisor any behavior that seems abusive or inappropriate.

Please answer each of the following questions:

1. Do you agree to observe and abide by all church policies regarding working in ministries with children and youth? ____ Yes No ____

I have read this Participation Covenant, and I agree to observe and abide by the policies set forth above.

Signature of Applicant

Date

Appendix IX

Photo Permission

**Photo Permission FOR CHILDREN, YOUTH and ADULTS
OF ISLE OF FAITH UNITED METHODIST CHURCH
1821 San Pablo Road S., Jacksonville, FL 32224**

() I give permission for still or video pictures of my child to be used for promotional purposes.

() I do not give permission for still or video pictures of my child to be used for promotional purposes.

Signature of **PARENT OR LEGAL GUARDIAN OF CHILD/YOUTH (if under 18 years of age)**

() I give permission for still or video pictures of myself to be used for promotional purposes.

() I do not give permission for still or video pictures of myself to be used for promotional purposes.

Signature of **ADULT (if 18 years of age or older)**

Appendix X

Consent Form for Electronic Communications with Children/Youth

Isle of Faith United Methodist Church

1821 San Pablo Road S., Jacksonville, FL 32224

My child, _____ (“Participant”), has my permission to receive communications from Isle of Faith UMC’s Director of Children/Youth Ministry/Director of Children’s Choirs or [other designated leader of specific children’s/youth activities or programs] [circle all that apply]

I understand that such electronic communications may be made via telephone, cell phone, text messaging, e-mail, the Church’s social media accounts, or other electronic means.

Please note: By providing the email address and/or cell phone number of a minor Participant, the parent or guardian grants permission for electronic communication from the group leader to the Participant in regards to all group activities in which Participant participates.

Participant’s e-mail: _____

Participant’s cell phone: _____

I do/do not [circle] insist that I be copied on all emails.

I do/do not [circle] insist that I be copied on all texts or messaging.

I do/do not [circle] insist that those permitted to communicate with my child become my friend on Facebook before communicating with my child.

I further understand that Children and Youth Ministries will use the Internet as an aid in teaching lessons during Sunday School, Children’s Church, Kids 4 Christ, and Living Light. All computers accessible to Children and Youth have parental controls in place.

I understand it is my responsibility to update the information below if it changes.

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Address: _____

City, State, Zip Code: _____

Telephone: _____ **Parent/Guardian Cell Phone:** _____

Parent/Guardian E-Mail: _____

Parent/Guardian Facebook Name: _____

Date: _____