

Summerfield Peace United Methodist Church, Inc.

Application for Adults Working with Children or Youth

Please answer the following questions fully. Feel free to ask for clarification if you are unclear about any of the questions and need further information. Note: This is not an employment application. This application form is being used exclusively to help the Church continue to provide a safe and secure environment for our children and youth who participate in our church programming and use our church facilities.

Name: _____

Address: _____

Phone: (H) _____ (W) _____ (C) _____

E-mail Address: _____

Employer: _____ Occupation: _____

Spouse: _____

Address (if different): _____

1. List two most recent previous residences, including city, county and state:

a) Dates of residence _____

Address _____

b) Dates of residence _____

Address _____

2. How long have you been attending SPUMC? _____ Years _____ Months

3. If applicable, how long have you been a member of SPUMC? _____ Years _____ months _____ N/A

4. Previous church affiliations including name, city and state: _____

5. Have you been involved in any youth or children's activities at your previous churches? Yes ___ No ___

If yes, please describe your general duties and age group with which you worked: _____

6. Have you been involved with other non-church organizations dealing with children/youth? Yes ___ No ___

If yes, please name the organization(s) and what positions you held within the organization(s): _____

7. Please provide us with a list of any talents or training you have that may be beneficial to the children or youth of our congregation: _____

8. Please state briefly why you would like to be involved in our children's or youth programs: _____

9. How were you parented as a child? (for example, two or one parent home, lived with grandparents, etc.)

10. How do you discipline your own children, if any? (for example, do you spank, use time-out, etc.)

11. Have you ever been charged, convicted of, or pled guilty to a crime, either a misdemeanor or a felony - including but not limited to, drug-related charges, child abuse, and other crimes of violence, theft, or motor vehicle violations, such as DUI (excluding speeding tickets)? Yes ____ No ____
If yes, please explain fully and include the offense date, sentence, etc. _____

12. Have you ever seen, heard about or otherwise been exposed to an incident of child abuse or neglect? Yes ____ No ____ If yes, how did you feel about the incident? _____

13. Would you be available for periodic volunteer training sessions? Yes ____ No ____

(Note: You may refuse to answer the following question; however, we encourage adults of childhood sexual or physical abuse to discuss their desire to work with children with a member of pastoral staff.)

14. Were you a victim of abuse or molestation while a minor? Yes ____ No ____
If yes, please explain: _____

Authorization and Request for Criminal Records Check

I hereby request *First Advantage Background Services Corp. ("First Advantage")* to release any information, which pertains to any record of convictions in its files or in any criminal file maintained on me whether local, state or national. I hereby release *First Advantage* from any and all liability resulting from such disclosure.

Signature: _____

Print Name: _____

Print Maiden Name, if applicable: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____

Driver's License Number: _____ State Issued: _____

References: References may include your current or former pastor, neighbor, friend, previous employer, co-worker, etc. Please do not list your former employees or relatives.

1. Name: _____ Phone: _____

Address: _____ Explain connection: _____

2. Name: _____ Phone: _____

Address: _____ Explain connection: _____

3. Name: _____ Phone: _____

Address: _____ Explain connection: _____

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Applicant's Statement

The information contained in this application is correct to the best of my knowledge. I hereby authorize any references or churches listed in this application to give Summerfield Peace United Methodist Church, Summerfield, NC, any information, including any opinions they may have regarding my character and fitness for work with children or youth. I understand that this authorization/release form will remain in effect for the duration of my affiliation with Summerfield Peace United Methodist Church. This information has been given by me on my own free will. This is a legally binding agreement which I have read and understood.

Volunteer Applicant's Signature: _____ Date: _____