

Arise United Methodist Church
Child Protection Guidelines
Screening Form for Work with Minors

VOLUNTEER

This form is to be completed by all applicants for any volunteer position involving the regular supervision, custody, or care of minors. It is not an employment application form. This form is used to help our church provide a safe and secure environment for those children and youth who participate in our ministries and programs.

PERSONAL INFORMATION

Full Name: _____ Date: _____

(Identity must be confirmed with a valid driver's license or other photographic ID.)

Do you have a current driver's license? Yes ___ No ___

License Number _____ State _____

Social Security Number _____

Present Address: _____

_____ How long at current address: _____

Home Phone _____ Work Phone _____

Previous Address: _____

List previous church or non-church work you have done involving minors: _____

Have you ever been convicted of or pleaded guilty to a crime?

Yes ___ No ___ If yes, please explain; attach separate sheet, if necessary.

Would you be willing to sign a release which would permit a police background check?

Yes ___ No ___ (If yes, sign release later in this form.)

Is there any fact or circumstance involving your background that would call into question your being entrusted with the supervision, guidance, and care of minors?

Yes ___ No ___ If yes, please explain; attach separate pages, if necessary.

CHURCH HISTORY AND PRIOR WORK WITH MINORS

Have you been a member or active constituent of Arise United-Methodist Church for at least 12 months? Yes ____ No ____ . (If yes, skip to the next page; if no, please continue below.)

If not, have you been a member or active constituent of another church during the last 12 months? Yes ____ No ____ . If yes, please give the name and address of that church:

List the name and address of any other church(es) you were a member of or attended regularly during the past five (5) years:

List all previous church work involving minors. List each church's name and address, the type of work you did, and dates (attach separate pages, if necessary):

List all previous non-church work involving minors. List each organization by name, and the type of work you did (attach separate pages, if necessary):

REFERENCES

(required only if not a member/constituent of Arise United Methodist Church for 12 months)

List three personal references which are not employers, former employers or relatives. At least two references must be from outside our church.

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Appendix A.2.3

VOLUNTEER APPLICANT'S STATEMENT AND RELEASE

The information contained in this application is true and correct to the best of my knowledge. I authorize those checked below to give you any information they may have regarding my character and fitness for work with minors.

- _____ References listed in this application.
- _____ Churches listed in this application.
- _____ Law enforcement officers (police background check).
- _____ Internet check.

Should my application be accepted, I agree to be bound by the Child Protection Policies and Procedures of Arise United Methodist Church.

I further state that I have carefully read the above release and know the contents thereof and I sign this release as my own free act. This is a legally binding agreement which I have read and understand.

Applicant's Signature: _____ Date: _____

Witness: _____

PARENT'S STATEMENT IF APPLICANT IS A MINOR

(under 18 years of age)

If the applicant is a minor, a parent or guardian is required to also sign and affirm that the minor has not engaged in illegal activities.

To my knowledge, _____ has not engaged in any illegal activity or child abuse of any kind and I know of no reason why he or she should not work with minors at Arise United Methodist Church.

Parent/Guardian's Signature: _____ Date: _____

Witness: _____

STATEMENT OF OWNERSHIP

I understand that this application form and all parts of this file are the sole property of Arise United Methodist Church and are not available for the applicant to review.

Signature: _____ Date: _____
(applicant, or parent/guardian, if applicant is a minor)

Witness: _____

Reference Contact Form – Confidential

Record of Contact with a Reference or Church
Identified by an Applicant for Work with Minors

Name of applicant: _____

Reference or church contacted (if a church, identify both the church and person or minister contacted):

Date and time of contact: _____

Person contacting the reference or church: _____

Method of contact (e.g., telephone, letter, personal conversation): _____

Summary of conversation (summarize the reference's or minister's remarks concerning the applicant's fitness and suitability for work with minors):

Signature: _____

Position: _____

Date: _____

FROM: _____

TO: Police Department

Request for Limited Criminal History

____ Visual examination of record

____ Copy of record furnished

Name of subject: _____

Social Security Number: _____

Address: _____

Age: _____ Date of birth: _____ Height: _____ Weight: _____

Sex: _____ Hair: _____ Eyes: _____ Race: _____

PURPOSE FOR WHICH THE INFORMATION IS REQUESTED:

I, _____, certify that the foregoing request for a limited criminal history of _____ will be used solely for the purpose specified in this request and for no other purpose.

Name: _____ Date: _____

Title: _____

Checklist for Employees and Volunteers

(Name of worker)

- Has been an active member of our church for at least 12 months or provided appropriate documentation of active role in another church for the past 12 months.
- Has completed the appropriate screening form.
- Has completed training in recognition and reporting of child abuse, and has received a copy of instructions for handling child abuse cases.
- Stressed importance of having a co-worker or witness present when dealing with children one-on-one, or leaving doors open.
- References checked, as required; filed written documentation.
- Completed police background check, if required.
- Attached this checklist to completed screening form.

I have received instruction in the church's child protection policies and received training in the recognition and reporting of child sexual abuse.

Signature: _____ Checked by: _____

Date: _____

Note: No worker is to be assigned before completion of this checklist.