

Form I

Central United Methodist Church
2535 West New Hope Road
Rogers, AR 72758

Application for Volunteer Position with Children or Youth

1. Personal Information:

Name: _____

Address: _____

Phone: _____

E-Mail: _____

2. How long have you attended Central United Methodist Church? _____

3. Please list all past paid or volunteer work with children or youth.

4. Please relate in your own words why you are applying for certification in Central United Methodist Church's Children's Ministries programs.

5. In what areas of Children's Ministries are you interested? _____

Form II

PARTICIPATION COVENANT STATEMENT *Central United Methodist Church*

The congregation of our 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 statements 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.

1. No adult who has been convicted of child abuse (either sexual abuse, physical abuse, or emotional abuse) should volunteer to work with children or youth in any church-sponsored activity.
2. Adult survivors of child abuse need the love and support of our congregation. Any adult survivor who desires to volunteer in some capacity to work with children or youth should feel free to discuss his/her willingness with one of our church's ministers before accepting an assignment.
3. Adult volunteers with children and youth shall attend regular training and educational events provided by the church to keep volunteers informed of church policies and state laws regarding child abuse.
4. Adult volunteers shall immediately report to their supervisor any behavior that seems abusive or inappropriate.

Please answer each of the following questions:

1. As a volunteer in this congregation, do you agree to observe and abide by all church policies regarding working in ministries with children and youth? **Yes** **No**
2. As a volunteer in this congregation, do you agree to participate in training and education events provided by the church related to your volunteer assignment? **Yes** **No**
3. As a volunteer in this congregation, do you agree to promptly report abusive or inappropriate behavior to your supervisor? **Yes** **No**
4. As a volunteer in this congregation, do you agree to inform a minister of this congregation if you have ever been convicted of child abuse? **Yes** **No**

(Signature)

(Date)

I certify that I have read the Safe Sanctuaries guidelines for Central United Methodist Church, and I agree to abide by them. I understand that violation on any of these guidelines can lead to my immediate termination as a paid employee or volunteer.

(Signature)

(Date)

Form III

AUTHORIZATION AND REQUEST FOR A CRIMINAL RECORDS CHECK

*Central United Methodist Church
2535 West New Hope Road
Rogers, Arkansas 72758*

I am an applicant for serving as a volunteer/paid staff with children and/or youth at Central United Methodist Church. As a part of the application process I have been advised that the church conducts a criminal history check including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by state and federal law. I do hereby consent to the use of any and all information provided to the church in the application process to be used in the criminal history/background check. I hereby certify that all information provided in this consent form is true, correct and complete. If any information proves to be incorrect or incomplete, I understand that can lead to my immediate termination as a paid employee or volunteer. I release Central United Methodist Church and Background Information Systems of America, Inc. from all liability that may result from any such disclosure made in response to this request. Central United Methodist Church has my permission to perform a background check as part of the Safe Sanctuary recertification process each year.

Signature of Applicant _____ Date _____

Print applicant's full name: _____

Print all other names used by applicant (if any) _____

Date of Birth _____

Place of Birth _____

Social Security Number _____

Driver's License Number _____ State Issuing License: _____

License Expiration Date: _____

Current Local Address: _____

_____ (_____) _____

(City)

(State)

(Telephone Number)

Is there anything in your background you would like to disclose/explain? _____

Person Making Request _____

Title/Position _____

Form IV

Central United Methodist Church
2535 West New Hope Road
Rogers, AR 72758

Volunteer Worker Confidentiality Agreement

As a volunteer worker with families and children at Central United Methodist Church, there are occasions when information about a specific child or a child's family background is made known in order to help the caregiver provide the best possible care for that individual. To protect individual privacy and to provide a safe, secure and loving Christian environment for families and children, it is essential that the following confidentiality guidelines be followed at all times.

1. Children in nursery and preschool care will be released only to those in possession of the appropriate security tag.
2. Information regarding the details of a child's participation in Children's Ministries will be given only to the parent or guardian of that child.
3. No names of children or families who participate in the church nursery program will be given to anyone other than church staff.
4. A child's specific, individual needs and family background will not be discussed with anyone other than the volunteer or paid staff on duty at the time the child is participating in Children's Ministries.
5. Reports of suspected child abuse and neglect will be directed only to public agency officials (police, Department of Human Services etc.) charged with child abuse investigations and those, in accordance with the Central United Methodist Church Safe Sanctuaries Policy, in a supervisory position at Central United Methodist Church. Due to the highly sensitive and confidential nature of child abuse allegations, discussion about suspected child abuse cases is not to occur with anyone other than those personnel mentioned above.

I agree to abide by the aforementioned confidentiality guidelines. Furthermore, I understand that any violation of this confidentiality agreement will result in immediate dismissal from my volunteer position in Children's Ministries.

Signature of Volunteer

Date

Signature of Witness

Date

Form V

Children and Youth Worker's Reference Check

Central United Methodist Church

Please complete this top section ONLY.

Applicant's Name: _____

Reference Name: _____

Address: _____

Telephone: _____

1. What is your relationship to the applicant?
2. How long have you known the applicant?
3. How well do you know the applicant?
4. How would you describe the applicant?
5. How would you describe the applicant's ability to relate to children and/or youth?
6. How would you describe the applicant's ability to relate to adults?
7. How would you describe the applicant's leadership abilities?
8. How would you feel about having the applicant as a volunteer worker with your child and/or youth?
9. Do you know of any characteristics that would negatively affect the applicant's ability to work with children and/or youth? If so, please describe.
10. Do you have any knowledge that the applicant has been convicted of a crime? If so, please describe.
11. Other comments:

Reference Inquiry completed by:

(Signature) _____ **(Date)** _____