

**Basic Information**

Name \_\_\_\_\_  
First MI Last

Address \_\_\_\_\_  
Street Address City State Zip

Phone numbers \_\_\_\_\_  
Home Work Cell Pager / beeper

Best times to reach me at home are \_\_\_\_\_ May we call you at work?  Yes  No

Employer \_\_\_\_\_ Employer's address \_\_\_\_\_

Position at work \_\_\_\_\_ Years at current job \_\_\_\_\_

Email \_\_\_\_\_

Church membership:  Member  Regular attendee Birth date \_\_\_\_\_

Do you have first aid and/or CPR certifications?  Yes  No Which? \_\_\_\_\_

How long have you attended our church? \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_  
name and relationship

**Family Information (optional)**

Marital status (circle one):  Single  Married (anniversary date \_\_\_\_\_)  Divorced

If married, spouse's name \_\_\_\_\_

If you have children, their names and ages:

1. \_\_\_\_\_ 4. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_

3. \_\_\_\_\_ 6. \_\_\_\_\_

**Education**

High school \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Grad year \_\_\_\_\_

College/tech school \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Grad year \_\_\_\_\_

Degree and major \_\_\_\_\_ Minor \_\_\_\_\_

Other education, training, and licenses \_\_\_\_\_

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**Ministry Experience** (list most recent first)

Church (name, city, state, and zip)	Dates	Area of service	Contact person	Phone
1.				
2.				
3.				

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**Tell Us About Yourself**

1. What would you do to maintain your spiritual growth as a volunteer?
2. What are your expectations of the children's ministry team?
3. Explain your background in children's ministry at this church or elsewhere
4. What special qualities or qualifications would you contribute as a volunteer staff member?

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**Availability**

How many hours per week are you available to volunteer?

Which service(s) are you willing to volunteer? \_\_\_ 8:30 \_\_\_ 9:47 \_\_\_ 11:00

Are you available for special services? \_\_\_ Day \_\_\_ Evening

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

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**References**

Please provide three character references that we can call (other than family members) who can identify your strengths and weaknesses and describe your background.

1. 

Name	Address	Home / work phone	Relationship
2. 

Name	Address	Home / work phone	Relationship
3. 

Name	Address	Home / work phone	Relationship

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**Medical information**

Have you had any prior injuries that might be aggravated by working in children's ministry?

Are you currently taking any medication prescribed by a doctor for physical or other conditions that would affect your ministry?

Do you have any medical conditions that might be hazardous to others?

If you answered yes to any of the questions above, please attach another page and explain completely.

**Background information**

Have you, at any time, been involved in or accused, rightly or wrongly, of sexual abuse, maltreatment, or neglect?  
 yes  no

Have you ever been accused or convicted of possession / sales of controlled substances or of driving under the influence of alcohol or drugs?  
 yes  no

Are you using illegal drugs?  
 yes  no

Have you been arrested or convicted for any criminal act more serious than a traffic violation?  
 yes  no

Have you ever been involved romantically or sexually with any student in the youth ministry, or had sexual relations with any minor after you became an adult?  
 yes  no

Have you ever gone through treatment for alcohol or drug abuse?  
 yes  no

Have you ever been asked to step away from ministry or work with students or children in any setting, paid or volunteer?  
 yes  no

Is there anything in your past or current life that might be a problem if we found out about it later?  
 yes  no

If the answer to any of the above questions is yes, please attach another page and write a full explanation. These will be discussed confidentially during your interview.

I have read the **Participation Covenant Statement** enclosure and agree to be bound by it.  yes  no

initial here: \_\_\_\_\_

I have received a copy of the **Safe Sanctuaries Policy**.  yes  no initial here: \_\_\_\_\_

**Waiver / Release**

I, the undersigned, give my authorization to **Chapin United Methodist Church** representatives -- hereafter referred to as The Church -- to verify the information on this form. The Church may contact my references and appropriate government agencies as deemed necessary in order to verify my suitability as a church youth ministry worker. I am willing to request and submit to The Church background reports on myself from the (state) Department of Social Services central registry.

**The information contained in this application is correct to the best of my knowledge.** I authorize any references or churches listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for student ministry. In consideration of the receipt and evaluation of this application by The Church, I hereby release 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 that may at any time result to me, my heirs, or family, because 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.

Should my application be accepted, I agree to be bound by the constitution, statement of faith and policies of The Church, and to refrain from conduct unbecoming to Christ in the performance of my services on behalf of The Church. If I violate these guidelines, I understand that my volunteer status may be terminated. By signing this application, I state that all of the information given about myself is true.

I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF, AND I SIGN THIS RELEASE AS MY OWN ACT.** This is a legally binding agreement which I have read and understand.

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 Print name

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 Signature

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 Date

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 Witness

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 Date

The congregation of Chapin United Methodist 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 is encouraged to discuss his/her willingness with one of our church's ministers before accepting an assignment.
3. All adult volunteers involved with children or youth of our church must be active participants of the congregation before beginning a volunteer assignment.
4. Adult volunteers with children and youth must observe the "Two-Adult Rule" at all times so that no adult is ever alone with children or youth.
5. 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.
6. 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 observe the "Two-Adult Rule" at all times?  Yes  No
3. As a volunteer in this congregation, do you agree to actively participate in the ministry of CUMC before beginning a volunteer assignment?  Yes  No
4. 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
5. As a volunteer in this congregation, do you agree to promptly report abusive or inappropriate behavior to your supervisor?  Yes  No
6. As a volunteer in this congregation, do you agree to discuss with a minister of this congregation your experience, **if any**, as a survivor of child abuse?  Yes  No  Not Applicable  
(Answering yes to this question does not automatically disqualify you from volunteering with children/youth.)
7. 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

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

I, \_\_\_\_\_, hereby authorize Chapin United Methodist Church to request SLED (or other agency) \_\_\_\_\_ to release information regarding any record of 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 state and federal law. I do release said sheriff's department from all liability that may result from any such disclosure made in response to this request.

\_\_\_\_\_  
Signature of Applicant Date

Print applicant's full name: \_\_\_\_\_

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

\_\_\_\_\_

Date of birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's license number: \_\_\_\_\_ State Issuing license: \_\_\_\_\_

License expiration date: \_\_\_\_\_ Number of years residing in SC: \_\_\_\_\_