

**Parent Helper/Chaperone  
Safe Sanctuaries Form**  
(To be signed by anyone helping in the classroom)

FIRST NAME \_\_\_\_\_ INITIAL \_\_\_\_\_ LAST NAME \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ CLASS \_\_\_\_\_

\*STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ Zip \_\_\_\_\_

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ WORK PHONE (\_\_\_\_\_) \_\_\_\_\_

DATE of BIRTH: MO.: \_\_\_\_\_ DATE: \_\_\_\_\_ YEAR: \_\_\_\_\_

DRIVER LICENSE# \_\_\_\_\_ STATE ISSUED \_\_\_\_\_ EXPIRATION \_\_\_/\_\_\_/\_\_\_

YEARS LIVED AT ABOVE ADDRESS: \_\_\_\_\_

\*If above address is less than five years, please indicate prior address.

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ Zip \_\_\_\_\_

YEARS LIVED AT THIS ADDRESS: \_\_\_\_\_

**PERSONAL HISTORY:**

Have you ever been found guilty by a court or other tribunal to have committed a violent act against another person, engaged in any misconduct involving a juvenile OR been convicted of a crime except for a minor traffic violation?

Check one: YES \_\_\_\_\_ NO \_\_\_\_\_

NOTE: Faith Community United Methodist Church, at its discretion, may use the information provided on this form to conduct a criminal background check regardless of the response above.

As a parent helper / chaperone at Faith Community Preschool, I hereby attest to the truthfulness of the representations I have made, including the information provided in response to the questions regarding my criminal history. I authorize Faith Community UMC to verify the above information and waive any right to confidentiality with respect to the information requested. If requested by Faith Community UMC, I will submit my fingerprints for that purpose. I have received a copy of the Preschool handbook including the Preschool Safe Sanctuaries Policy, and agree to abide by the procedures outlined therein.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chaperone (other than parent) Signature

\_\_\_\_\_  
Date