

THE FIRST UNITED METHODIST CHURCH
of Carroll, Iowa

ACCEPTANCE OF POLICY FORM

By signing this document, I am stating that I have read and understand the Child and Youth Protection Policy of the First United Methodist Church. I further agree that I accept it and will abide by it.

Signature of Staff or Volunteer

Signature of Witness

Printed Name of Staff or Volunteer

Printed Name of Witness

Date

Date

CONSENT AND RELEASE FOR EMPLOYEES AND VOLUNTEERS

As a part of my application for employment/volunteering with the First United Methodist Church, I hereby consent to and authorize the church to discuss with my personal references, academic references, former and current employers, residential management agents, religious bodies, criminal justice agencies, courts, and other relevant resources information regarding my work, academic residential, achievement, performance, attendance, criminal and disciplinary histories, as well as my general moral character and fitness for employment/volunteering with the church. I further authorize the church to conduct a criminal and driver's record check. In exchange for the church considering my application for employment/volunteering, which I acknowledge as a good and valuable consideration, I release the church and its employees or volunteers and all resources providing information, from any and all liability with respect to the church obtaining such information. I further release the church, its employees or volunteers from any and all liability associated with conducting any criminal and driver's record check. I understand that the church may confer with the resources referred to above and may conduct criminal and driver's record checks. I agree and affirm that I have no objections to the investigations and checks, and confirm that I release and hold harmless the church and its employees or volunteers and any such resources from any and all liability and or claims associated with obtaining information by such investigations and checks.

Birthday

Driver's License number

Signature of Employee/ Volunteer

Signature of Witness

Printed Name of Employee/Volunteer

Printed Name of Witness

Date

Date

Please list all the names that you have been known by. Use a separate sheet if necessary.

Adult Volunteer Application

Name _____ Gender _____

Address _____

Daytime Phone _____ Evening Phone _____

E-mail _____ D/O/B _____

Occupation _____

Name of Employer/School _____

Current Job, Responsibilities, and Schedule _____

Previous Work Experience _____

Special Interests, Hobbies, and Skills _____

If you have any certifications for training please indicate date of issue and expiration.

C.P.R. _____ Issued ____/____/____ Expires ____/____/____

First Aid _____ Issued ____/____/____ Expires ____/____/____

Please List other Certifications _____

In what areas would you be interested in volunteering?

Sunday School VBS Mini Methodist/UM Kids

Youth Group/Activities Special Events (i.e. field trips, overnights, movies, etc.)

Which age group do you prefer the most?

No Preference Babies and Toddlers Preschoolers

Elementary Junior High Senior High

Can you make a 1-year commitment? Yes No (if no why) _____

Do you have own transportation? Yes No A Valid driver's license? Yes No

Why would you like to volunteer as a worker with children or youth? _____

How do you discipline? _____

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

References: please list three personal references (people not related to you) and provide a complete address and phone information for each person. References are kept confidential.

1. Name: _____
Address: _____
Daytime Phone: _____
Evening Phone: _____
Relationship to Reference: _____

2. Name: _____
Address: _____
Daytime Phone: _____
Evening Phone: _____
Relationship to Reference: _____

3. Name: _____
Address: _____
Daytime Phone: _____
Evening Phone: _____
Relationship to Reference: _____

Have you ever been charged, convicted of, or pled guilty to a crime, either a misdemeanor or felony (including, but not limited to drug related charges, child abuse, and other crimes of violence, theft, or motor vehicle violations)? ___ Yes ___ No

If yes, please explain fully:

Have you ever been exposed to an incident of child abuse or neglect? ___ Yes ___ No

If yes, how did you feel about the incident? _____

Signature of applicant date

Application for Minors to work with children

Name: _____ Gender: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

1. So that we know what skills and talents you have to offer, please list them below:

2. List any previous experiences with children:

3. Which age group would you prefer to work with the most?

_____ No Preference _____ Babies and Toddlers _____ Preschoolers
_____ Elementary _____ Junior High _____ Exceptional Persons

4. If you have any certifications or training please indicate the date of issue and expiration.

C.P.R. _____ Issued ____/____/____ Expires ____/____/____

First Aid _____ Issued ____/____/____ Expires ____/____/____

List other Certifications

5. Please list two references in the area provided below:

Relationship to Volunteer applicant: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Relationship to Volunteer applicant: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Authorization by Parent:

Due to the growing national concern for the care and safety of children, all applicants under 18 must have parent’s permission to work with children in a supervisory capacity. The undersigned represents that he/she is the custodial parent/legal guardian of the above identified applicant. This permission is given by me/us with full knowledge of the conditions and activities with which s/he will be assisting, including but not limited to, working with children and other youth. In signing this permission form I verify that there have been no instances of child abuse, molestation, or neglect by this applicant towards other children. Furthermore the youth volunteer has no physical or mental disabilities that would impair their participation except as noted here:

I/We will not hold the Church, its employees or volunteers liable for injuries suffered during the course of the volunteer activities and will hold the Church harmless from any financial loss as a result of injury to and or claim by the volunteer.

I/We give permission for pictures taken to be used for Church promotional purposes.

Signature of LEGAL Parent/Guardian _____ Date ____/____/____

Signature 2nd LEGAL Parent/Guardian _____ Date ____/____/____

Signature of Applicant _____ Date ____/____/____