

**St. Stephen's United Methodist Church
Safe Sanctuaries Employee and Volunteer Application**

Name: _____

Address: _____ City _____ ZIP _____ - _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Age 14-24 years 25+ years If 14-24 years of age, please give date of birth: ____/____/____

Emergency Contacts:

Name: _____ Phone: _____ Cell: _____

Name: _____ Phone: _____ Cell: _____

Allergies or pertinent medical information: _____

Would your health limit your ability to work with children and/or youth? _____

Occupation: _____

Employer: _____

When are you available to work or volunteer? _____

Can you make a one-year commitment to this volunteer role? yes If not, how long? _____

Are you willing to help provide transportation to/from children or youth activities? yes no

If yes: Driver's license number: _____ State: _____ Expiration Date: _____

Do you have liability insurance? (list carrier) _____

Do you have CPR Certification? no yes _____ expiration date

Are you a Certified Lifeguard? no yes _____ expiration date

Other medical or relevant certifications: _____

Which Sunday School Class do you attend? _____

List the other activities, classes, and groups you participate in at St. Stephen's _____

Have you ever been convicted of, pled guilty or no-contest to any criminal activity, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, crimes of violence or theft)? No Yes

If yes, please explain fully: _____

The information contained in this application is correct to the best of my knowledge.

Applicant's Signature _____ Date _____

This page will be updated annually at the time of the annual required training session.

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Do you have a preference for working with a certain age? _____

Would you be available for periodic training or educational sessions? Yes No

Previous volunteer experience: _____

Special interests, hobbies and skills: _____

Why would you like to work with children and/or youth? _____

What qualities do you have that would help you work with children and/or youth? _____

What do you enjoy most about being with children and/or youth? _____

What do you feel you have to offer children and/or youth? _____

What are your attitudes regarding discipline of children and/or youth? _____

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Church History: Please list your church memberships for the past ten years, most recent first.

Church Name: _____
Church Address: _____ City _____ State _____ ZIP _____
Active in this congregation between _____ and _____ Pastor _____
Type of work involving children and/or youth: _____

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Church Address: _____ City _____ State _____ ZIP _____
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Church Name: _____
Church Address: _____ City _____ State _____ ZIP _____
Active in this congregation between _____ and _____ Pastor _____
Type of work involving children and/or youth: _____

References: Please list three personal references (people who are not related to you by blood or marriage) and provide complete address and phone information for each.

Name: _____ Email _____
Address: _____ City _____ State _____ ZIP _____ - _____
Home Phone: _____ Work Phone: _____ Cell Phone _____
Relationship to reference: _____

Name: _____ Email _____
Address: _____ City _____ State _____ ZIP _____ - _____
Home Phone: _____ Work Phone: _____ Cell Phone _____
Relationship to reference: _____

Name: _____ Email _____
Address: _____ City _____ State _____ ZIP _____ - _____
Home Phone: _____ Work Phone: _____ Cell Phone _____
Relationship to reference: _____

Applicant Statement (please initial each statement)

- ___ The information contained in this application is correct to the best of my knowledge.
- ___ I authorize references or churches listed in this application to provide information (including opinions) they may have regarding my character and fitness for working with children or youth.
- ___ I release all such references from any liability for furnishing such evaluations, provided they do so in good faith and without malice.
- ___ I waive any right I may have to inspect references provided on my behalf.
- ___ I agree to submit to a complete criminal background check, including the sex offender registry. If I will be driving the church van or my personal vehicle with children or youth, I understand that my driving record will be included in the background check. The background check will be repeated every other year.
- ___ Should my application be accepted, I agree to be bound by the policies of this church and to conduct myself in a Christian manner in the performance of my work with children and youth.
- ___ I agree to update the information on page 1 of this application annually.
- ___ I further state that I have carefully read the forgoing release 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 _____

**ST. STEPHEN'S UNITED METHODIST CHURCH
SAFE SANCTUARIES
PARTICIPATION COVENANT STATEMENT**

The congregation of St. Stephen's United Methodist Church is committed to providing a safe and secure environment for all children, youth, vulnerable adults 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.

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, youth and vulnerable adults? ___ yes ___ no
2. Have you been an active member of this congregation for six months? ___ yes ___ no
3. 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
4. As a volunteer in this congregation, do you agree to promptly report abusive or inappropriate behavior? ___ yes ___ no
5. 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
6. I agree not to use any type of physical punishment and will consult a staff member regarding any discipline issues that I may need assistance with. ___ yes ___ no
7. I understand who is over my position and whom I can go to seek assistance. ___ yes ___ no

I have read St. Stephen's Safety Policy for Children, Youth and Vulnerable Adults and the Procedures for the Implementation of the Safety Policy and I agree to abide by all policies and procedures set forth.

Signature of Applicant

Date

Print full name