

**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? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**St. Stephen's United Methodist Church  
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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: \_\_\_\_\_

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

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