

WILMORE UNITED METHODIST CHURCH

VOLUNTEER APPLICATION FORM

Mail to: **Children's Ministry Director**
209 East Main Street
Wilmore, KY 40390

This application is to be completed by all applicants for any position (volunteer or compensated) involving the custody of minors or the developmentally disabled. This is not an employment application form. Persons seeking a position in the church as a paid employee will be required to complete an employment application in addition to this screening form. It is being used to help the church provide a safe and secure environment for those children, youth, or developmentally disabled who participate in our programs and/or use our facilities.

This information is used for internal purposes only, by this congregation of the United Methodist Church.

PERSONAL INFORMATION

Full Name: _____ Today's Date: _____

Date of Birth: _____ Phone # _____

Address: _____

City, State & Zip Code: _____

Social Security Number: _____ Agree to Background Check? YES NO

Occupation: _____ Current Employer: _____

Business Address & Phone Number: _____

Time at this employment: _____ YEARS _____ MONTHS

Have you ever been convicted of any criminal offense? YES NO If yes, please explain below.

Have you ever been charged with or convicted of child neglect or abuse? YES NO

Have any complaints or allegations of misconduct involving children ever been made against you? YES NO

Have you ever been denied the opportunity to serve in children, youth, or developmentally disabled ministries in the past? YES NO

Have you ever been convicted of the possession, sale, or use of drugs? YES NO

Within the last 30 days, have you abused alcohol, legal, or illegal drugs? YES NO

Have you been convicted or pled guilty to a traffic offense in the past five years? YES NO

Do you hold a current driver's license? YES NO License Number: _____

Are there any facts or circumstances, in addition to the above, involving you and your background that would call into question your being entrusted with the supervision, guidance, or care of young people? YES NO

If yes, please explain.

Name of church where you are a member: _____

List (name, addresses, and dates) other churches you have attended regularly in the past 5 years:

List all previous church or other organization work involving children, youth, or developmentally disabled persons:

List any gifts, callings, training, education, or other factors that have prepared you for children, youth, or developmentally disabled ministry:

The information contained in this application is correct to the best of my knowledge. I understand it may be cause for dismissal if it is found the answers given are untrue. I authorize any references or churches listed in this application to give you any information, including opinions that they have regarding my character and fitness for children, youth, or developmentally disabled ministry. In consideration of the receipt and evaluation of this application by Wilmore United Methodist 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 which may at any times result to me, my heirs, or family on account 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 Bylaws of Wilmore United Methodist Church, and to refrain from unscriptural conduct in the performance of my services of behalf of the church. I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE ON MY OWN FREE ACT. This is a legally binding agreement which I have read and understand.

Signature: _____ Today's Date: _____

VOLUNTEER REFERENCE LIST AND WAIVER

I have asked the following persons, not relatives, to submit a reference form on my behalf. Please list at least one former or present employer, if possible. I waive any and all rights to view these references at any time.

Volunteer Signature: _____ Today's Date: _____

REFERENCE #1

Name: _____ Phone # _____

Mailing Address: _____

REFERENCE #2

Name: _____ Phone # _____

Mailing Address: _____

REFERENCE #3

Name: _____ Phone # _____

Mailing Address: _____

The following pages needs to be printed and given to the references you have listed on this page. Please have them fill this out and mail or give to the Children's Ministry Director. Please remember that you have waived your right to see these. So if it is given to you, please ask that it be in a sealed envelope.

WILMORE UNITED METHODIST CHURCH
VOLUNTEER PERSONAL REFERENCE FORM

Mail to: **Children's Ministry Director**
209 East Main Street
Wilmore, KY 40390

I have recently applied for a volunteer position at Wilmore United Methodist Church. It is required that I provide two letters of reference to be considered for this opportunity. Will you please help me by completing the questions below and forwarding this form to the address at the top of the page? I have waived the right to review this reference anytime, now or in the future.

Thank you for your assistance,
Signed, _____ (Volunteer's Signature)

At least two references must be on file for all applicants for any position within Wilmore UMC who will be involved in supervision or custody of minors or the developmentally disabled. This reference is being used to help church leaders provide a safe and secure environment for all minors and persons with disabilities who participate in our programs and use our facilities. All responses will be kept confidential.

Name of Reference: _____ Today's Date: _____

Address: _____

Phone # _____ How long have you known the applicant? _____

If you have observed the applicant in a church setting, what ways were the applicant involved in ministry in your church?

Have you ever had the opportunity to observe the applicant interacting with children, youth, or person of disabilities? YES NO If yes, how would you describe the quality of his/her interactions?

Have you ever had any reason to question the applicant's character or behavior? YES NO

If yes, would you please explain?

Are you able to recommend the applicant for a ministry position working with children, youth, or persons of disability? YES NO

Reference Signature: _____ Today's Date: _____