

**VOLUNTEER FORM**  
**St. Paul United Methodist Church**

The Church, above all institutions, is called to welcome and nurture the child. Our goal is to maintain a safe, secure, loving place where children may grow, and where those who care for them may administer to their needs in responsible ways.

We, the St. Paul United Methodist Church, accept the nature of this call. The Church, at all levels of its organization, is entrusted with the responsibility of providing an emotionally safe, spiritually grounded, healthy environment for children, youth and adults.

Name: \_\_\_\_\_ (Circle one) M F  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
 I am \_\_\_\_\_ Adult Occupation: \_\_\_\_\_  
 \_\_\_\_\_ Student Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_ School: \_\_\_\_\_

Volunteer Position Desired: \_\_\_\_\_  
 Have you ever applied here before? If yes, when? \_\_\_\_\_ Position: \_\_\_\_\_  
 Who referred you? \_\_\_\_\_  
 When would you be available to begin? \_\_\_\_\_

Church membership where? \_\_\_\_\_ How long? \_\_\_\_\_  
 Pastor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Current/Former Employment**

Present Employer: \_\_\_\_\_ May we inquire of your employer? \_\_\_\_\_  
 Current job responsibilities: \_\_\_\_\_

Previous volunteer experience working with children/youth: \_\_\_\_\_

Why do you want to serve in this volunteer position? \_\_\_\_\_

What talents or gifts do you possess? \_\_\_\_\_

**Education**

Educational Background (list diplomas, degrees, and certificates):

School/Institution	Address	Title	Dates

Are you currently certified in the following:

- First Aid -- Yes \_\_\_\_\_ No \_\_\_\_\_ Date expires: \_\_\_\_\_
- Infant CPR -- Yes \_\_\_\_\_ No \_\_\_\_\_ Date expires: \_\_\_\_\_
- Adult CPR -- Yes \_\_\_\_\_ No \_\_\_\_\_ Date expires: \_\_\_\_\_

**References**

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

Name: \_\_\_\_\_ How long have you known this person? \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
 Relationship to reference: \_\_\_\_\_

Name: \_\_\_\_\_ How long have you known this person? \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
 Relationship to reference: \_\_\_\_\_

**Disclosure**

Please complete the following questions. Attach another page with an explanation of any YES\* answers.

1. Have you ever been charged, convicted of, or pled guilty to a **crime** (misdemeanor or felony) against children or other persons (including but not limited to drug-related charges, child abuse, sex-related charges, domestic violence, financial exploitation, other crimes of violence, theft or motor vehicle violations)? Yes\* No
2. Has your **driver's license** *ever* been *revoked* or *suspended*? Yes\* No
3. Has a **board** that licenses businesses or professions *ever licensed you*? Yes\* No  
 If "yes," what board or agency? \_\_\_\_\_  
 If "yes," has this license *ever* been *revoked* or *suspended*? Yes\* No
4. Have you *ever* habitually *abused alcohol* or **controlled substances**? Yes\* No
5. Have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense? (Exclude minor traffic misdemeanors.) Yes\* No
6. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal offense? Yes\* No
7. Have you ever received probation or community supervision for any federal, state or municipal offense? Yes\* No
8. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? Yes\* No
9. As of the date of this consent form, do you have any pending charges against you? Yes\* No
10. Other than the above matters, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance and care of young people, vulnerable adults, or developmentally disabled persons? Yes\* No

By signing this form, I am affirming that the above statements I have made are true and factual to the best of my knowledge; and I am granting permission for all persons, organizations, or agencies, such as the Department of Human Services or state law enforcement, to be contacted for the purpose of conducting a criminal records check for the expressed purpose of pre-volunteer screening.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

## DISCLOSURE FORM

Our church cares about the children and youth in our programs, and desires to ensure their safety while they are in the church's supervision. Some state legislatures have helped us assure security for children, vulnerable adults and developmentally disabled people by requiring disclosures by all people who will work with them, and the United Methodist Church supports this requirement. Because we care for children and youth, our church joins in asking any volunteer or staff member who will be providing supervision, leadership with children, youth, vulnerable adults and/or developmentally disabled persons to complete this disclosure form.

Please complete the following questions. Please attach an explanation for any "yes" answer.

- |  |     |    |
|--|-----|----|
| 1. Have you ever been convicted of any crime against children or other persons?  | Yes | No |
| 2. Have you ever been found in any dependency action to have sexually assaulted or exploited any minor or to have physically abused any minor?   | Yes | No |
| 3. Have you ever been found by a court in a domestic relations proceeding to have sexually abused or exploited any minor or to have physically abused any minor?   | Yes | No |
| 4. Have you been convicted of the possession, use or sale of drugs within the last 7 years?  | Yes | No |
| 5. Have you been released from incarceration for a conviction of possession, use or sale of drugs within the last 7 years?   | Yes | No |
| 6. Within the past 30 days have you abused alcohol, legal or illegal drugs?  | Yes | No |
| 7. Has your driver's license been suspended or revoked within the last 7 years?  | Yes | No |
| 8. Have you ever been convicted of crimes relating to financial exploitation where the victim has been a vulnerable adult?   | Yes | No |
| 9. Have you ever been found by a court in a protection proceeding to have abused or financially exploited a vulnerable adult?  | Yes | No |
| 10. a. Have you ever been licensed by a licensing board that licenses businesses/ professions? (If yes, please answer b. and c.)   | Yes | No |
| b. Have you ever been found by that licensing board, or any other disciplinary board, to have sexually or physically abused or exploited any minor or developmentally disabled person?   | Yes | No |
| c. Have you ever been found by that licensing board or any other disciplinary board, to have abused or financially exploited any vulnerable adult?   | Yes | No |
| 11. Other than the above matters, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance and care of young people, vulnerable adults, or developmentally disabled persons? | Yes | No |

**I certify that the information I have provided is true and correct; if it is found that the answers given are untrue, I understand it may be cause for dismissal.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Form For Reference Check

Please complete this form as it relates to the person listed below and his/her characteristics and qualifications to work with children or youth. Use the back to share more information.

Applicant name: \_\_\_\_\_

Reference name: \_\_\_\_\_ Phone: \_\_\_\_\_

Reference address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_ Zip: \_\_\_\_\_

What is your relationship to the applicant? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Does he/she work well with others? \_\_\_\_\_

How would you rate him/her in the following areas? Please give explanations.

	Excellent	Good	Average	Poor	Do Not Know
Personal Habits					
Character					
Morals					
Compassion for those in need					
Responsible to complete commitments					
Emotional stability					
Christian maturity					
Receives constructive criticism well					
Health					
Other Comments?					

Would you want this person working with your child or youth? Why/why not? \_\_\_\_\_

Reference inquiry completed by: \_\_\_\_\_  
Signature
Date

Return completed form to:  
 Safe Sanctuaries Board, St. Paul UMC, 2949 Davies Plantation Rd., Lakeland, TN 38002

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**AUTHORIZATION TO RELEASE INFORMATION**

I, _____	_____	_____
Last Name	First Name	Middle Name
_____		_____
Current Address		Dates Lived Here
Addresses for the Past Seven Years: (include street, city, state, zip code)		Dates of Residence:
_____		_____
_____		_____
_____		_____
_____	_____	_____
Date of Birth	Other Names Used (including maiden name)	Years Used
_____	_____	_____
_____	_____	_____
Social Security Number	Driver's License #	State

do hereby authorize verification of all information in my employment/volunteer application from all sources of employment, education, motor vehicle, financial history, criminal history, personal character, and worker's compensation records in accordance with ADA, labor and wage records, etc. or any part thereof, and authorize any duly authorized agent of **IntelliCorp Records, Inc** to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by **IntelliCorp Records, Inc** for identification purposes and for the release information which will be considered in determining any suitability for employment/volunteer position. I certify that I have made true, correct, and complete answers and statements on my employment/volunteer application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for employment/volunteerism. I agree to provide additional information that may be requested to process my employment/volunteer application. I authorize without reservation, any party or agency contacted by **IntelliCorp Records, Inc** to furnish the above-mentioned information. This authorization is valid during the course of my employment/volunteerism to the extent permitted by law.

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment/volunteerism and my discharge after employment.

_____	_____	_____
Printed Name	Applicant Signature	Date

FOR EMPLOYMENT ONLY: I hereby do \_\_\_\_\_ do not \_\_\_\_\_ authorize you to contact *my current* employer for Employment and Reference Verifications. (This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)