

Application for Volunteer Service

Lansing United Methodist Church

All persons who are involved with the custodial care of children or youth are asked to secure 2 references on the forms provided and to undergo a clearance process (this includes a Criminal Background Check) Volunteers providing custodial care of children must be at least 18 years old. Some supervision requires persons at least 21 years old.

Today's Date: _____ Program Name: _____

Dates: _____

Name: _____ Gender: M F

Street Address: _____ Phone (home): _____

City, State, Zip: _____ Phone (work): _____

Email Address: _____ Phone (cell): _____

Employer: _____

Number of years of volunteer service? _____ First year of service: _____

Are you 18 or over? Yes No Are you 21 or older? Yes No

Birth date: (M/D/YR) _____

Local church of which you are a member: _____

City of church location: _____ Denomination of church: _____

Education: Please let schools attended, dates, degrees or diplomas awarded:

High School: _____

College: _____

Vocational Training or Graduate School: _____

What dates are you available to volunteer during this calendar year?

Are there particular kinds of programs or ages of children which you would prefer to work?

Please describe your previous experience and/or training to work with children or youth. Include both paid and volunteer experience.

Please describe your previous children and youth ministry experience.

Do you have special skills or training in outdoor living, canoeing, sailing or biking? Yes No
If yes, please explain.

We ask that all volunteers be willing to support United Methodist beliefs at least for the duration of their service. Are you familiar with and willing to support United Methodist beliefs? Yes No
Please share with us something that helps us know your Christian faith.

Do you have physical limitations or special needs of which we should be aware?

Please describe briefly your reasons for volunteering to serve.

Please list as references two individuals that have known you for at least three years and who are not related to you by blood or marriage.

1. Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Length of time you have known reference: _____

Relationship to reference: _____

2. Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Length of time you have known reference: _____

Relationship to reference: _____

Current Certifications: (please indicate Yes or No and attach copies of certifications)

<u>Certification:</u>	<u>Yes or No</u>	<u>Date of Expiration</u>	<u>Copy Attached Y/N</u>
Drivers License	_____	_____	_____
First Aid	_____	_____	_____
CPR	_____	_____	_____
Life Guard Training	_____	_____	_____
Water Safety Instruction	_____	_____	_____
Waterfront Module	_____	_____	_____
Responding to Emergencies First Aid	_____	_____	_____
Ropes Course Training	_____	_____	_____
EMT/RN/NP/MD	_____	_____	_____
Other	_____	_____	_____

Applicant's Statement

The information contained in this application is correct to the best of my knowledge. I authorize any references, organization, or churches listed on this application to give you any information they may have with regard to my ability and fitness to work with children and youth. I release such references from any liability for providing such evaluations, provided they do so in good faith. I waive any right that I may have to inspect references provided on my behalf.

Signature: _____ Date: _____

DISCLOSURE FORM FOR WORKERS WITH CHILDREN AND YOUTH

Lansing United Methodist Church

The Lansing UMC cares about all persons, especially about children and youth who are in its care for special programs, and works to insure their safety. Our commitment is to do everything reasonably possible to see that no physical, sexual, emotional or psychological harm comes to children while attending LUMC. Any person, volunteer or paid, who will potentially be in a position to provide supervision, custodial care, or leadership with children, youth, vulnerable adults, or developmentally disabled persons is asked to complete this form, so that we will best be able to care for the persons we seek to serve.

Please answer all of the following questions. Include 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 any court in domestic relations proceeding to have sexually assaulted 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 illegal drugs or other controlled substances within the last seven (7) years?
YES NO
5. Within the past 30 days, have you abused alcohol, legal or illegal drugs?
YES NO
6. Have you ever been convicted of crimes relating to financial exploitation where the victim was a vulnerable adult?
YES NO
7. Have you ever been found by a court in a protection proceeding to have abused or financially exploited a vulnerable adult?
YES NO

8. A) Have you ever been licensed by a Board that licenses businesses or professions?
If **yes**, please answer parts b) and c) as well.

YES NO

B) Have you ever been found by a licensing board, any of its component parts, or any other disciplinary board to have sexually or physically abused or exploited any minor or developmentally disabled adult?

YES NO

C) Have you ever been found by that licensing board, any of its component parts, or any other disciplinary board to have financially exploited any vulnerable adult?

YES NO

9. Other than the above is there any fact or circumstance involving you or your background that would call into question your being entrusted with the care, supervision, and guidance of young persons, vulnerable adults, or developmentally disabled persons?

YES NO

By signing this form, I agree to live by the understanding that, as a person in authority, it is my responsibility to avoid all sexual contact with children, youth, vulnerable adults, and developmentally disabled persons in my care, even if it seems, or is true, that the contact is initiated by the child, youth, vulnerable adult, or developmentally disabled person.

I agree to find alternative ways to discipline, and under no circumstances will I use spanking, neck or choke holds, ear or hair pulling, or any other means of corporal punishment as a means of correction or punishment.

I certify that the information I have provided is true and correct. If it is found that the answers given are in any way untrue, I understand that this may be cause for my dismissal from paid or volunteer service.

Name (Printed) _____

Signature _____ Date _____

AUTHORIZATION/CONSENT

During the application process and at any time during the tenure of my employment/service with Lansing United Methodist Church, I hereby authorize ChoicePoint Services Inc., on behalf of LUMC to procure a consumer report which I understand may include information regarding my character, general reputation, or personal characteristics. This report may be compiled with information from courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, or personal characteristics.

Applicant/Employee Signature

Date

_____-_____-_____
Social Security Number *

Date of Birth *

* For identification purposes only

Printed Full Name _____

Street Address _____

City, State, Zip _____

BACKGROUND VERIFICATION DISCLOSURE

This is used to inform you that a consumer report is being obtained from a consumer reporting agency for the purpose of evaluating you for employment, volunteer service or a contracted position, including retention as an employee, volunteer or independent contractor.

This report may contain information bearing on your character, general reputation, and personal characteristics from public or private record sources.