

**Linden Heights United Methodist Church
VOLUNTEER APPLICATION
For Adult Workers with Children or Youth**

PLEASE PRINT NEATLY and FILL OUT COMPLETELY

Full Legal Name: _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

County _____ Gender: Male Female

Social Security Number _____

Email _____

Day Telephone # _____ Evening Telephone _____

Occupation _____

Employer _____ Employer Telephone: _____

References: Please provide three references of persons, who are not related to you by blood or marriage and are not employed or supervised by you, who can, to the best of their ability, provide statements in support of your good character and clean record of sexual conduct with children, youth, and adults.

1. Name: _____

Relationship: _____

Address: _____

Email: _____

Daytime Phone: _____

Evening Phone: _____

2. Name: _____

Relationship: _____

Address: _____

Email: _____

Daytime Phone: _____

Evening Phone: _____

3. Name: _____

Relationship: _____

Address: _____

Email: _____

Daytime Phone: _____

Evening Phone: _____

I hereby certify that the information provided is accurate and correct to the best of my knowledge. I authorize Linden Heights United Methodist Church to verify the information I have provided by conducting a criminal background check and/or by contacting the references I have listed. I authorize the references listed in this application to give you whatever information they may have regarding my character and fitness to work with children/youth. I understand that all information will be kept confidential and secured in the church offices. This information will be used for the sole purpose of background checks for the continued safety of all children and youth supervised by volunteers secured by Linden Heights United Methodist Church.

Signature of Applicant _____ Date _____

Form SSVA

Linden Heights United Methodist Church
Child Abuse/Sexual Misconduct Questionnaire

(If "yes" to any of the following questions, provide details on additional sheet as necessary.)

1. Have you ever been accused of sexual misconduct with a child or youth? YES NO
2. Have you ever been accused of sexual misconduct with an adult? YES NO
3. Have you ever been dismissed from any position, volunteer or salaried, because of an accusation of sexual misconduct on your part? YES NO
4. Have you ever resigned from any position, volunteer or salaried, because of an accusation of sexual misconduct on your part, or to avoid being dismissed because of an accusation of sexual misconduct on your part? YES NO
5. If your response to any of the foregoing questions is yes, please provide all details regarding each accusation that has been made with respect to you, including a description of the alleged conduct, the name of the person who made the accusation, the date of the alleged misconduct and the name of your employer at the time of the alleged misconduct. YES NO
6. Have accusations of sexual misconduct on your part ever resulted in civil or criminal court proceedings at any level (e.g. indictment, arrest, trial, civil peace or protective order etc.)? If so, please provide the complete details of those proceedings (including dates, circumstances, jurisdiction where the proceedings occurred, the nature of the accusations, and the result of the proceedings). Have accusations of sexual misconduct against you resulted in civil or criminal court proceedings on more than one occasion? If so, please provide the same details with respect to each proceeding. YES NO
7. 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 supervision, guidance and care of young people? YES NO

I verify that the answers I have provided on this application are true and accurate to the best of my ability. I understand false answers, as well as the failure to sign this form, will result in my being denied the position for which I am being considered.

Signature _____ Date _____

Printed Name _____

Address _____

If you are under 18, parent or guardian must sign and date below

_____ Date _____

Lienden Heights United Methodist Church
VOLUNTEER WORKERS WITH CHILDREN AND YOUTH
REFERENCE CHECK FORM

As a Volunteer, I _____ give the undersigned permission to list or discuss any
(Signature of Volunteer)
characteristics that may help or hinder my ability to work with children/youth in Linden Heights United Methodist
Church programs or programs held on church property.

Applicant's Name: _____

Reference Name: _____

Reference Address: _____
Street City St Zip County

Reference Phone # _____ Email _____

1. What is your relationship to the applicant?
2. How long have you known the applicant?
3. How would you describe the applicant's ability to relate to children and/or youth?
4. How would you describe the applicant's leadership abilities?
5. How would you feel about having the applicant as a volunteer worker with your child or youth?
6. Do you know of any characteristics that would negatively affect the applicant's ability to work with children and/or youth? If so, please describe.
7. Do you have any knowledge that the applicant has ever been convicted of a crime? If so, please describe.
8. Please list any other comments that would be helpful. (Use back of form if necessary.)

I understand that this information will be used solely for determining the applicant's ability to work with children/youth in church-sponsored activities or in activities held on church property. I give permission for the Baltimore-Washington Conference Office to contact me if they have any further questions or concerns.

Reference signature: _____ Date _____

Please return to: _____

**Authorization and Release for
The Procurement of
An Investigative Consumer Report and Driver Information**

I, the undersigned, do hereby authorize Linden Heights United Methodist Church, by and through its independent contractor, (the background check agency), to procure an investigative report on me that includes social security verification and criminal history records.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative report of which I am the subject upon my written request to the (background check agency), if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. Section 1681 et. seq.

I further authorize any person, business entity or government agency who may have information relevant to the above to disclose the same to Linden Heights United Methodist Church, by (the background check agency), including but not limited to, any and all courts, public agencies, and law enforcement agencies regardless of whether such person, business entity or governmental agency complied information itself or received it from other agencies.

I hereby release Linden Heights UM Church, by and through (the background check agency) and any and all persons, business entities and governments agencies, whether public or private, from any and all liability, claims and/or demands, by me, my heirs or others making such claim or demand on my behalf, for providing an investigative report hereby authorized. I understand that this Authorization/Release form shall remain in effect for the duration of my association with Linden Heights UM Church.

PLEASE PRINT CLEARLY AND COMPLETE ALL REQUIRED INFORMATION

FULL FIRST NAME	FULL MIDDLE NAME	FULL LAST NAME	
OTHER NAMES / DATES	SOCIAL SECURITY NUMBER		
DATE OF BIRTH (MM-DD-YY)	() -- DAYTIME TELEPHONE	() -- NIGHT-TIME TELEPHONE	
CURRENT STREET ADDRESS	CITY	STATE	ZIP

If you will be driving children or youth as part of an event, please include a **copy of your driver's license for driver's record check.**

LIST ALL PREVIOUS ADDRESSES (County & State) FROM AGE 18 TO PRESENT

1. _____	2. _____
COUNTY STATE DATES	COUNTY STATE DATES
3. _____	4. _____
COUNTY STATE DATES	COUNTY STATE DATES

Have you ever been convicted of a crime or convicted in a military court martial? YES NO

Are you currently under any investigation or have a pending charge? YES NO

I certify that the information contained on this Authorization/Release form is true and correct, and acknowledge that I may be precluded from volunteering due to false, omitted or fraudulent information.

VOLUNTEER SIGNATURE	DATE
For Staff Only: Driver Lic. # _____ State Issued: _____	
Name on Lic. _____ Date of Birth: _____	

Linden Heights United Methodist Church Parental Permission

As parents or guardians of _____, I/we give
permission for our child to participate in _____ on
(date) _____.

We understand that though every precaution will be taken to ensure our child's safety, accidents can occur. We also understand that as the parent(s) or guardian(s), we do NOT hold Linden Heights United Methodist Church, its pastor, volunteer leaders or drivers responsible for any injury sustained or losses incurred during this activity.

Signatures of BOTH parents or guardians when available

(Date)

In case of emergency, parent(s) or guardian(s) may be contacted at or through the following:

Name: _____ Phone: _____

Name: _____ Phone: _____