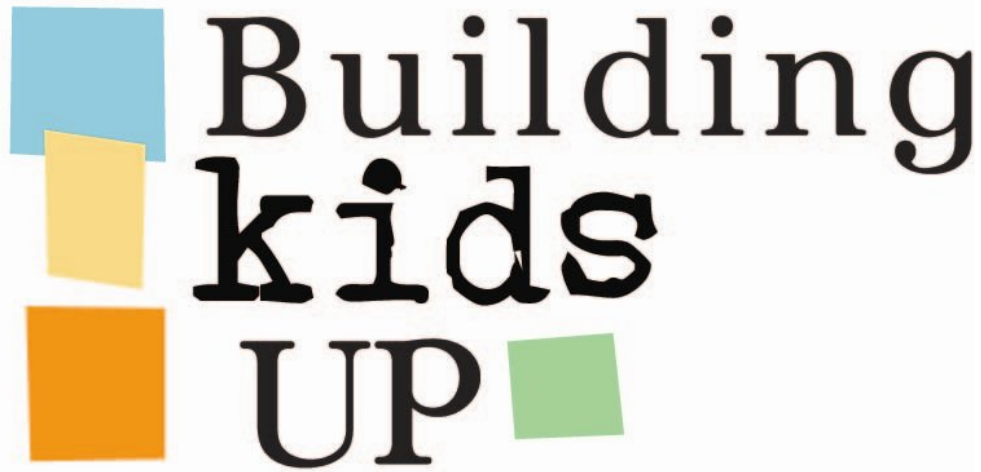


Christ United Methodist Church



a strong foundation of faith

# “Safe Sanctuaries” Children’s Ministry Volunteer Packet

Safe Sanctuaries is the policy and standards adopted by the United Methodist Church for all congregations for those who work with Children and Youth. The entire policy can be viewed online at the Children’s website or at the Children’s Ministry desk. Thank you for starting the process of becoming a volunteer in the Children’s Ministry at Christ United Methodist Church. Once you have filled out the following paperwork you may drop it off at the Children’s Ministry desk lock box. A member of the Children’s Ministry team will be contacting you to complete the process and help you find that Special place within the Ministry God is calling you to. THANKS FOR MAKING A DIFFERENCE...

# Adult Volunteer Application

## Christ United Methodist Church, Mobile, Alabama

Our love of and service to God, the Church, and our children and youth is our calling and vital in helping to build God's Kingdom, sharing Christ Jesus. Please complete both sides. Please print clearly. Use additional paper as needed.

Area where you would like to serve:  Children  Middle School  High School

Full Legal Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Age: \_\_\_\_\_

Other Names (e.g., maiden, aliases, nicknames):  
\_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
County: \_\_\_\_\_

Telephone: Evening: ( ) \_\_\_\_\_ Day: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

E-Mail:  
\_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Current Job Responsibilities and Schedule:  
\_\_\_\_\_

Previous Work Experience:  
\_\_\_\_\_

Previous Volunteer Experience:  
\_\_\_\_\_

Special Interests, Hobbies, and Skills:  
\_\_\_\_\_

How many hours each week are you available to volunteer?  
\_\_\_\_\_

Are you available?  Days  Weekends  Nights

Would you be willing to use your personal vehicle during/for ministry events?  Yes  No

If yes, do you have a valid driver's license?  Yes  No

Do you have liability Insurance?  Yes  No

List policy limits and name of carrier:  
\_\_\_\_\_

Why would you like to volunteer with children and/or youth?  
\_\_\_\_\_

What qualities do you have that would help you work with children and/or youth?  
\_\_\_\_\_

In your own words, describe your parents' discipline style:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your own discipline methods:

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Have you ever been charged, convicted of, or pled guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, and other crimes of violence, theft, or motor vehicle violations)? Yes  No

If yes, please explain fully:

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Would you be available for periodic volunteer training sessions?  Yes  No

Are you currently certified in First Aid?  Yes  No. Year completed: \_\_\_\_\_

Are you currently certified in CPR?  Yes  No. Year completed: \_\_\_\_\_

Do you have a personal relationship with Jesus Christ?  Yes  No

How long have you attended Christ United Methodist Church? \_\_\_\_\_

Would you be willing to get a Commercial Drivers License to transport youth/children on of campus events?  
Yes  No

References: Please list three personal references (people you have known at least 3 years, who are not related to you by blood or marriage) and provide complete address (i.e., city, state, zip code) and phone information for each.

References are confidential.

Name: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Daytime phone (i.e., area code): \_\_\_\_\_

Name: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Daytime phone (i.e., area code): \_\_\_\_\_

Name: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Daytime phone (i.e., area code): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to: Christ United Methodist Church, Attn: Faith Development, 6101 Grelot Road, Mobile, Alabama 36609

# BACKGROUND CHECK PERMISSION FORM

Please write clearly

The following is identifying information for the Background Information Agency (also known as "Consumer Reporting Agency").

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_.

List any maiden/other name used in the last 7 years

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Date of Birth: \_\_\_\_ / \_\_\_\_ / 19 \_\_\_\_ Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_.

Drivers License # \_\_\_\_\_ State \_\_\_\_ Sex \_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_.

List your current mailing address as well as any other cities or towns you have lived in the past 7 years:

Current Street Address \_\_\_\_\_ and PO Box # \_\_\_\_\_.

Current City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Dates \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_.

Address #2 \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Dates \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_.

Address #3 \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Dates \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_.

Address #4 \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Dates \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_.

## Permission to Obtain a Background Check

(This form authorizes the church to obtain background information and must be completed by the applicant. The church must keep this completed form on file for at least five years after requesting a background check.)

I, the undersigned applicant (also known as "consumer"), authorize Christ United Methodist Church through its independent contractor, LexisNexis, to procure background information (also known as a "consumer report and/or investigative consumer report") about me. This report may include my driving history, including any traffic citations; Social Security Number verification; present and former addresses; criminal and civil history records; and sex offender records.

I understand that I am entitled to a complete copy of any background information report of which I am subject upon my request to Christ United Methodist Church, if such is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

Applicant Signature: \_\_\_\_\_ Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

Ministry Approval: \_\_\_\_\_ Budget Code: \_\_\_\_\_  
Signature (Ministry Budget)

SAFE SANCTUARIES  
PARTICIPATION COVENANT

This congregation is committed to providing a safe and secure environment for all children, youth, at-risk 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.

- Adults who have been convicted of child abuse of any kind are not allowed to volunteer to work with children or youth in any church-sponsored activity.
- Adult survivors of child abuse need the love and support of our congregation. Any adult survivor who desires to volunteer in some capacity to work with children or youth is encouraged to discuss his or her willingness with one of the church's ministers before accepting an assignment.
- Adult volunteers with children and youth shall observe the "Two-Adult Rule" at all times so that no adult is ever alone with children or youth.
- Adult volunteers with children and youth shall attend training and educational events provided by the church to keep volunteers informed of church policies and state laws regarding child abuse.
- Adult volunteers shall immediately report to their supervisor any behavior that seems abusive or inappropriate.

Please mark each of the statements to which you will commit:

- \_\_\_ 1. As a volunteer in this congregation, I agree to observe and abide by all church policies regarding working in ministries with children and youth.
- \_\_\_ 2. As a volunteer in this congregation, I agree to observe the "Two-Adult Rule" at all times.
- \_\_\_ 3. As a volunteer in this congregation, I agree to participate in training and education events provided by the church related to my volunteer assignment.
- \_\_\_ 4. As a volunteer in this congregation, I agree to promptly report abusive or inappropriate behavior to the appropriate Ministry Director.
- \_\_\_ 5. As a volunteer in this congregation, I agree to discuss with a minister of this congregation my experience, if any, as a survivor of child abuse.
- \_\_\_ 6. As a volunteer in this congregation, I agree to inform a minister of this congregation if I have ever been convicted of child abuse.
- \_\_\_ 7. After reading this participation covenant, I agree to abide by the policies set forth above.

Signature: \_\_\_\_\_ Applicant Date: \_\_\_\_\_