

St. Mark's United Methodist Church
APPLICATION FOR WORKING WITH MINORS & VULNERABLE ADULTS

Our church cares about the minors and vulnerable adults in our programs, and desires to ensure their safety while they are in the church's supervision. Because we care for minors and vulnerable adults, our church asks any person who will be providing supervision/leadership with minors and vulnerable adults to complete this disclosure form. The information obtained on this form is for internal use by St. Mark's UMC only. Please answer each question below. Your responses will be treated confidentially.

Name (include middle initial): _____ Date of birth (Month/Day/Year) ____/____/____

List any other names used (e.g. maiden): _____

Current address (Include City, State, County): _____

List last 2 Addresses _____

Social Security Number _____

Home Telephone (include area code) _____ Business telephone _____

Occupation and current employer _____ Email Address _____

As an employee/volunteer at St. Mark's UMC, do you agree to observe all church policies regarding working with minors and vulnerable adults?YES NO

Have you ever been convicted of a criminal offense?YES NO

Do you have any criminal charges pending?YES NO

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

Do you have any charges of child neglect or abuse pending?YES NO

In addition to 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 children, young people, or vulnerable adults?

YES NO(If yes, explain in detail on a separate page, including dates and locations)

If you will be transporting minors or vulnerable adults:

Do you have a driver's license?YES NO

List the state and driver's license number: _____

List three references, other than family members, who are familiar with your character as it relates to working with minors and vulnerable adults. (Name, address, telephone number, relationship)

List all the churches you have attended regularly for the past 5 years. (Name and location)

List all the organizations through which you have volunteered with minors and/or vulnerable adults in the past 5 years (Include location)

Have you volunteered in church ministries before?YES NO

If yes, in what capacities? _____

The information that I have provided may be verified by contacting persons named on this application or by contacting any person or organization that may have any information concerning me. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless St. Mark's United Methodist Church, and its paid staff members and volunteers. I waive any right to inspect any information provided about me by any person, organization, or investigative agency. In signing this application, I agree to be guided by the policies and regulations of St. Mark's United Methodist Church. I affirm that the information I have given on this form is true, correct and complete. By signing below I consent to a criminal and drivers record check to be conducted immediately and to be repeated periodically in the future.

Signature of applicant

Date