

*Haymount United Methodist Church*

**Volunteer Information Form**

To be updated each year or completed every 3 years

**For all positions that involve the supervision and/or custody of children, youth, vulnerable adults, and developmentally disabled persons**

Name: \_\_\_\_\_  
Last (Maiden, if applicable) First Middle

Present Address: \_\_\_\_\_

Seasonal address (give approx. dates): \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

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

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

Previous work experience: \_\_\_\_\_

Previous volunteer experience: \_\_\_\_\_

Special interests, hobbies and skills: \_\_\_\_\_

Positions(s) where you would like to serve: \_\_\_\_\_

Can you commit one year to this ministry? Yes \_\_\_ No \_\_\_

Will you commit to an annual training for volunteers who supervise children, youth, vulnerable adults and developmentally disabled persons? Yes \_\_\_ No \_\_\_

Do you have your own transportation? Yes \_\_\_ No \_\_\_

Do you have a valid driver's license? Yes \_\_\_ No \_\_\_

Do you have liability insurance? Yes \_\_\_ No \_\_\_

If yes, list policy limits and name of carrier: \_\_\_\_\_

Why would you like to volunteer as a adult volunteer with children, youth or vulnerable adults?

\_\_\_\_\_  
\_\_\_\_\_

What qualities do you have that would help you work with children, youth or vulnerable adults? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

If yes, please explain fully: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_

If yes, please explain fully: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had a restraining order entered against you by a court of law? Yes \_\_\_ No \_\_\_

Have you ever been exposed to an incident of child abuse or neglect? Yes \_\_\_ No \_\_\_

If yes, please explain fully, or speak personally with a Haymount UMC pastor: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Answering "yes" to this question does not preclude you from volunteering for HUMC.*

**References:** Please list three individuals who are not related to you by blood or marriage as references. Please list people who have known you for at least three years. (For youth, please list a teacher ref.; for adults, please list an employment ref.)

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening/Weekend Phone: \_\_\_\_\_  
Length of time you have known reference: \_\_\_\_\_  
Relationship to reference: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening/Weekend Phone: \_\_\_\_\_  
Length of time you have known reference: \_\_\_\_\_  
Relationship to reference: \_\_\_\_\_

3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening/Weekend Phone: \_\_\_\_\_  
Length of time you have known reference: \_\_\_\_\_  
Relationship to reference: \_\_\_\_\_

HUMC staff includes an internet search on all applicants. Please provide your MySpace and/or FaceBook address if you have one, and allow staff member access to your page: \_\_\_\_\_

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

Signature of staff supervisor: \_\_\_\_\_  
Date: \_\_\_\_\_

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

**Medical History:**

List any medical condition that might hinder you in activities for which you are volunteering: \_\_\_\_\_

\_\_\_\_\_

List any allergies or medications you may be taking: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Medical Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Carrier & Policy #: \_\_\_\_\_

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

Date: \_\_\_\_\_

Signature of staff supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

**Haymount United Methodist Church**  
**Participation Covenant Statement for Adult Volunteers of**  
**Children, Youth and Vulnerable Adults**

The congregation of Haymount United Methodist Church is committed to providing a safe and secure environment for all children, youth, vulnerable 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.

1. No adult who has been convicted of child abuse (either sexual abuse, physical abuse, or emotional abuse) should volunteer to work with children, youth or vulnerable adults in any church-sponsored activity.
2. Adult survivors of child abuse need the love and support of our congregation. Any adult survivor who desires to volunteer to work with children, youth or vulnerable adults is encouraged to discuss his/her willingness with one of our church's ministers before accepting an assignment.
3. All adult volunteers involved with children, youth or vulnerable adults of our church are expected to be regular participants of HUMC during their ministry.
4. Adult volunteers with children, youth and vulnerable adults shall observe all church policies regarding children's, youth and adult ministries.
5. Adult volunteers with children, youth and vulnerable adults shall attend a Safe Sanctuaries training and other regular training and educational events provided by the church to keep volunteers informed of church policies and state laws regarding child abuse.
6. Adult volunteers shall immediately report to their supervisor any behavior that seems abusive or inappropriate.

**Please answer each of the following questions:**

1. As a volunteer in this congregation, do you agree to observe and abide by all church policies regarding working in ministries with children, youth and vulnerable adults?  Yes  No
2. As a volunteer in this congregation, do you agree to participate in training and education events provided by the church related to your volunteer assignment?  Yes  No
3. As a volunteer in this congregation, do you agree to promptly report abusive or inappropriate behavior to your supervisor?  Yes  No
4. As a volunteer in this congregation, do you agree to discuss with a minister of this congregation your experience, if any, as a survivor of child abuse?  Yes  No
5. As a volunteer in this congregation, do you agree to inform a minister of this congregation if you have ever been convicted of child abuse?  Yes  No

I have read this **Participation Covenant**, and agree to observe and abide by the policies set forth above.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print full name



# Methodist Safe Sanctuary Program



I, \_\_\_\_\_  
Applicant's First, Middle and Last Name (Please Print Clearly) Maiden Name

hereby authorize a designated agent or representative of **NETWORK RESEARCH SYSTEMS**, to receive any information pertaining to me from all corporations, former employers, educational institutions, law enforcement agencies, city, state, county and federal courts, and military branches to release any information about my background. Including, but not limited to: information about my employment, education, driving record, criminal record, military service and general public records history. I understand that all information collected is for background purposes only. I understand that omitted or hidden facts will be justification for refusal of employment or volunteer service in the Church.

**Have you ever been convicted for any violation of the law other than minor traffic violations?** Yes / No

**If yes, please provide the offense description, date and the location that the offense occurred:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Current Address

\_\_\_\_\_  
City, State, Zip Code Daytime Telephone Number

Please list any other addresses you have lived in during the last five years:

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Address City State Zip Code

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

Required Information: (This information will be destroyed upon receipt of background check information.)

Driver License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

**Acceptable Use Form for Digital Technology**

**Renewable Each Year.**

For any person using digital technology belonging to HUMC or personal technology at an HUMC event.

*Live as children of the light – for the fruit of the light is found in all that is good and right and true. Try to find out what is pleasing to the Lord.” Ephesians 5:8b-10*

In participating in HUMC activities that include access to the internet, or any other digital communication, I agree to:

- 1) Never access sites or download material that contains “adult-only” or inappropriate information.
- 2) Never enter cyberspace without a supervisory adult present (if under the age of 18 or a student in HUMC ministry).
- 3) Accept the judgment of the supervisory adult, and obey his/her instructions (if under the age of 18 or a student in HUMC ministry).
- 4) Never illegally download copyrighted or protected media onto HUMC computers.
- 5) Always use good judgment when calling, texting, photo-sharing, and interacting on a social networking site while involved in an HUMC activity, on- or off-site.

Signature of technology user: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of parent if student is under the age of 18: \_\_\_\_\_

Date: \_\_\_\_\_

## **Acknowledgement**

I have read and understand the HUMC Safe Sanctuaries Policy and Guidelines.

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

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