

Safe Sanctuary Volunteer Application St. James United Methodist Church, Little Rock AR

Full First Name

Middle Name (include Maiden Name)

Last Name

Permanent Address (Street, Apt., Etc. – Include Mailing Address if different from residence)

City

State

Zip

Home Phone

Cell or Business Phone

Email Address (mandatory)

Social Security Number (mandatory)

Date of Birth (mm-dd-yyyy)

Male

Female

Over 18 years of age?

Yes

No

In what areas of ministry do you desire to offer your services within our church?

- | | | |
|---|--|--|
| <input type="checkbox"/> Mid-week Kids Ministry | <input type="checkbox"/> Youth Ministry | <input type="checkbox"/> Vacation Bible School |
| <input type="checkbox"/> Nursery | <input type="checkbox"/> Music Ministry | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Sunday School | <input type="checkbox"/> Recreation Ministry | <input type="checkbox"/> General Volunteer |

STATEMENT OF DISCLOSURE

1. Have you ever been convicted of any crime against children or any other person?
2. Have you ever been found in any dependency action to have sexually assaulted or exploited any minor, or to have abused any minor?
3. Have you ever been found by a court in a domestic relations proceeding to have sexually abused or exploited any minor, or to have abused any minor?
4. Have you been convicted of the possession, use, or sale of drugs with the last seven years?
5. Have you been released from incarceration for a conviction of the possession, use, or sale of drugs within the last seven years?
6. Within the last 30 days, have you abused alcohol, legal or illegal drugs?
7. Has your driver's license been suspended or revoked within the last seven years?
8. Have you ever been convicted of any other felonies?
9. Have you ever been found guilty by a court in a protection proceeding, or been convicted of crimes relating to abuse or financial exploitation where the victim has been a vulnerable adult?
10. Have you lived in a stat other than Arkansas in the past seven years? If yes, please list, the states.
11. Have you ever been licensed by a board that licenses business/professions?
 - a. If yes, what board or agency? _____

	Yes	No
1.	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>
11.	<input type="checkbox"/>	<input type="checkbox"/>

- b. If yes, have you ever been found by a board that licenses business/professions, or any disciplinary board, to have sexually or physically abused or financially exploited any minor or vulnerable adult?
- c. List the County _____ and State of the county _____ where you have lived the longest as an adult.

CHURCH MEMBERSHIP INFORMATION

Do you attend St. James UMC? Yes How long? Yrs Member? Yes How long? Yrs
 No Mo. No Mo

If you have are not a member of St. James or have not been attending for at least six months, please provide the following information concerning your church affiliation/attendance over the past five years:

Previous Church attended (or current church if no St. James): _____

Address of church: _____

Dates attended: _____ Name of pastor or staff member who knows you best: _____

AUTHORIZATION FOR A BACKGROUND INVESTIGATION

In consideration of the receipt and evaluation of this application by St. James UMC, I agree and represent that the information contained in this application is correct to the best of my knowledge.

I authorize any person or organization whether or not identified in this application, to give you any information (including opinions) regarding my character and fitness for volunteer service. I hereby release any individuals, church, denominational agency or official or any other person or organization, include record custodians, both collectively and individually, and whether or not identified in this application, from any and all liability for damages of whatever kind or nature which may at any time result in me, my heirs, or family, on account of compliance or attempts to comply with this authorization, excepting only the communication of knowingly false information.

I further stat that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREFORE, AND I SIGN THIS RELEASE AS MY OW FREE ACT. This is a legally binding release which I have read and understand. I understand that I may consult with an attorney before signing this document.

A facsimile or photocopy of this authorization shall be as valid as the original. I further understand that a criminal record check may be conducted on me, and I consent to any such check.

I (select one of the following options) WAIVE DO NOT WAIVE any right that I may have to inspect any information provided about me by any person or organization described above.

I have read and understand the above provisions, and agree to them. The information provided on page 1 of this document represents my true and complete legal name, and all information is true and correct to the best of my knowledge.

Printed Name: _____

Signature: _____ Date: _____

VOLUNTEER COVENANT AGREEMENT

The congregation of St. James United Methodist Church is committed to providing a safe and secure environment for all children, youth, 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, physical, or emotional) should volunteer to work with children or youth 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 in some capacity to work with children or youth is encouraged to discuss his/her willingness with one of our church's ministers before accepting an assignment.**
3. **Adult workers with children and youth shall observe the two-adult rule at all times so that no adult is ever alone with one child or youth.**
4. **Adult workers with children and youth shall attend (or participate via webinar) regular training and educational events provided by the church to keep informed of church polices and state laws regarding child abuse.**
5. **Adult workers shall immediately report to their program director or Senior Staff Member any behavior that seems abusive or inappropriate.**

Please answer each of the following questions:

1. As a volunteer member in this congregation, do you agree to observe and abide by all church policies regarding working in ministries with children and youth?
2. Do you agree to observe the two-adult rule at all times?
3. Do you agree to participate in training and education events provided by the church related to your volunteer assignment(s)?
4. Do you agree to promptly report abusive or inappropriate behavior to your supervisor?
5. Do you agree to inform a minister of this congregation if you have ever been convicted of child abuse?

Yes	No
1. <input type="checkbox"/>	<input type="checkbox"/>
2. <input type="checkbox"/>	<input type="checkbox"/>
3. <input type="checkbox"/>	<input type="checkbox"/>
4. <input type="checkbox"/>	<input type="checkbox"/>
5. <input type="checkbox"/>	<input type="checkbox"/>

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

Print Full Name

Date

Signature

**Arkansas Department of Human Services
Division of Children and Family Services
REQUEST FOR CHILD MALTREATMENT CENTRAL REGISTRY CHECK**

THIS FORM WILL NOT BE PROCESSED UNTIL ALL INFORMATION IS COMPLETED.

TYPE OF APPLICANT:

DHS Employee/Applicant [Division: _____] Foster Parent Legal Custodian Adoptive Parent Provisional Foster Parent Foster Family Support System (FFSS) for: _____

Name of Foster Family whom FFSS will support

Other (This request will be processed for a fee of \$10 made payable by check or money order to DHS. We do not accept cash. This fee may be waived for non-profits who provide proof of 501(c)(3) status. Allow 7-10 business days for processing.)

This information should be addressed to:

Kim Anderson, Director of Faith Development St. James United Methodist Church

Name/Title (print) Organization Requesting the Report

321 Pleasant Valley Dr

Little Rock AR 501-217-6708 501-225-0308

Address (physical) Telephone # Fax #

321 Pleasant Valley Dr

Little Rock AR 72212

Address (provide mailing, if different than physical)

Name of Applicant: _____
Maiden Name/Other Names Used: _____
Race: _____ Sex: _____ Age/DOB: _____ / _____ SSN: _____

Present Address: (since _____, _____) _____

Previous Addresses (from the last six years):

1) _____ _____ From _____ to _____	2) _____ _____ From _____ to _____
--	--

3) _____	4) _____
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From _____ to _____

From _____ to _____

Cities and States of Employment (outside of Arkansas) for last six years:

1) _____

From _____ to _____

2) _____

From _____ to _____

3) _____

From _____ to _____

4) _____

From _____ to _____

Children (related or non-related) now residing or who have resided in the home at any time and all biological children, even if they have not resided in the home:

Full Name: _____
DOB/Age: ____ / _____
Relationship: _____
SS# (if known): _____

Full Name: _____
DOB/Age: ____ / _____
Relationship: _____
SS# (if known): _____

Full Name: _____
DOB/Age: ____ / _____
Relationship: _____
SS# (if known): _____

Full Name: _____
DOB/Age: ____ / _____
Relationship: _____
SS# (if known): _____

THE FOLLOWING IS TO BE COMPLETED **ONLY** WITH A NOTARY

I, _____ verify that the information above is true and complete. I authorize the Arkansas Child Maltreatment Central Registry to release any information their files may contain concerning me as an offender of a true report of child maltreatment.

Signature of Applicant

Date

County of _____ State of Arkansas

Acknowledged before me, this _____ day of _____, _____

Notary Public

My commission expires: _____

THE FOLLOWING IS TO BE COMPLETED BY CENTRAL REGISTRY

The Arkansas Child Maltreatment Central Registry contains no record under the referenced name in a true report of child maltreatment.

Examiner's Initials and Date _____

Please note that whenever there is a determination of child maltreatment, the person identified as the offender has the right to a hearing to contest that determination. The person's name may not be placed in the Central Registry until after the hearing decision. Therefore, the absence of a true report in the Child Maltreatment Central Registry does not imply that the person is or is not the subject of a completed child maltreatment investigation. Please check the Central Registry periodically as names can be added to the Central Registry based on new maltreatment reports and upon final administrative determination.

Information Found

Examiner's Signature and Date _____

Child Maltreatment Central Registry

Slot S 566

P O Box 1437

Little Rock AR 72203

DISCLOSURE AND AUTHORIZATION FOR EMPLOYER TO ACCESS CONSUMER REPORTS

St. James United Methodist Church, Little Rock Arkansas

AUTHORIZATION

I hereby authorize, without reservation, the obtaining of "consumer reports" or "investigative consumer" reports by St. James United Methodist Church at any time after receipt of this authorization and throughout my employment or volunteer service, if applicable. I further authorize and request, without reservation, any present or former employer, school, police department, state or federal agency, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about me to furnish SecureSearch or St. James United Methodist Church with any and all background information in their possession regarding me, so that my employment qualifications may be evaluated and/or reassessed. I also agree that a fax or photocopy of this authorization with my signature should have the same authority as the original.

By signing below, I certify: (1) that I have read and fully understand this disclosure and authorization; (2) that all of the information I am providing is true, complete, correct and accurate; and (3) that I have received the attached Summary of Your Rights under the Fair Credit Reporting Act (15 U.S.C. §1681 et seq.).

The following is information required in order for St. James United Methodist Church to obtain a complete consumer report:

FULL LEGAL NAME (First, Full Middle Name, Last Name)	
SOCIAL SECURITY NUMBER	DATE OF BIRTH*
STREET ADDRESS	
CITY, STATE, ZIP CODE	
DRIVER'S LICENSE NUMBER	ISSUING STATE
OTHER OR FORMER NAMES (AKA, Maiden Names, Married Names, Surnames, Etc.)	
_____	_____
CONSUMER'S SIGNATURE	DATE

* This information will be used for background screening purposes only.

Please list all Counties and States you have lived in since the age of 18.

County	State	Name Used in County	Date From	Date To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

DISCLOSURE

In connection with your application for employment or volunteer service with: St. James United Methodist Church, Little Rock Arkansas (including any independent contract for services) or when deciding whether to modify or continue your ongoing employment or (if hired) or service, St. James United Methodist Church may obtain a “consumer report” and/or an “investigative consumer report” on you from **SecureSearch**, a consumer reporting agency, or from any third party, in strict compliance with both state and federal law. A consumer report is a communication of information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used for purposes of serving as a factor in establishing your current and/or continuing eligibility for employment purposes. An investigative consumer report is a report obtained through personal interviews with individuals who may have knowledge of your character, general reputation, personal characteristics, or mode of living. The consumer reports or investigative consumer reports may contain information regarding your credit history(if applicable to position), criminal records, driving history records, education records, previous employment history, social security traces, military records, professional licensure records, drug testing, government records, and other types of background information. You further understand that these reports may contain information concerning the reasons for termination of past employment. You are hereby notified that you have the right to make a timely request for the nature and scope of any investigative consumer report. You are further notified that, prior to being denied employment based in whole or in part on information obtained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the consumer reporting agency and a description in writing of your rights under the Fair Credit Reporting Act. Inquiries to **SecureSearch** should be directed to **SecureSearch; Consumer Disputes; 558 Castle Pines Pkwy. #B4-137, Castle Rock, CO 80108. 1 (866) 891 – 1954.**

The following are my responses to questions about my criminal record history (if any) with descriptions to any question with a YES answer:

Name: _____

1. Have you ever been convicted or plead guilty before a court of any federal, state, or municipal criminal offense? (Excluding minor traffic violations) Yes No If Yes, please explain:

2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal criminal offense? Yes No If Yes, please explain:

3. Have you ever received probation or community supervision for any federal, state or municipal criminal offense? Yes No If Yes, please explain:

4. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? Yes No If Yes, please explain:

5. As of the date of this authorization, do you have any pending criminal charges against you? Yes No If Yes, please explain:

6. Have you ever served in the US Military? Yes No

7. If you answered YES to the above question, did you receive a DD214?

 Yes No If Yes, can you present the document?: Yes No

8. If you answered YES to the above question 6, did you receive an honorable discharge? Yes No If No, please explain:

Consumer signature

Date

VOLUNTEER LEADER REFERENCE FORM

St. James United Methodist Church

321 Pleasant Valley Drive

Little Rock, Arkansas 72212

If you are not a current member of St. James UMC or have been a member for less than six months, then please complete this form and return with all other documents.

REFERENCES - All references must be 18 years of age or older. No reference may be a member of your immediate family (parents, siblings, spouse, stepparents, grandparents etc). **PHONE AND EMAIL ADDRESS OF REFERENCE IS REQUIRED**

This reference **SHOULD** be the pastor or a member of the program staff of the church in which you are or were formerly a church member. ** If this reference is not from a pastor or member of the program staff of the church, please explain why.*

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ PHONE: _____ E-MAIL: _____

2. This reference should be someone who has known you for **TWO YEARS** or more, He/She may be a teacher, employer, classmate, etc.

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ PHONE: _____ E-MAIL: _____

3. This reference should be someone who has known you for **TWO YEARS** or more, He/She may be a teacher, employer, classmate, etc.

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ PHONE: _____ E-MAIL: _____

Please note any matters, other than those addressed in the Leader Application Form, that will help us ensure optimum matching of your service with ministries with children or youth.