

EXPERIENCE, REFERENCES, AND BACKGROUND

Please list any volunteer or paid experience you have working with children or youth?

Do you have First Aid or CPR Training? _____ yes _____no

Do you have Red Cross babysitting certification? _____ yes _____no

Please list three people that a St. James staff member may contact as reference for your character and/or experience. These people should not be related to you, but know you well.

1. Name: _____
Address: _____
Phone: _____
Email: _____
How do they know you? _____

2. Name: _____
Address: _____
Phone: _____
Email: _____
How do they know you? _____

3. Name: _____
Address: _____
Phone: _____
Email: _____
How do they know you? _____

Have you ever been convicted of, or plead guilty to a crime, either a misdemeanor or a felony, involving negligence, abuse, violence, sexual misconduct or immoral character? _____yes _____no.

Are you now or have you ever been registered as a sex offender in any city, state, or country? _____ yes _____no

By signature below I acknowledge that I am completing this application in accordance with the Safe Sanctuary policy of St. James United Methodist Church. I attest to the accuracy of the personal information provided and I acknowledge that the personal references may be verified by a staff member of St. James. I have read the Safe Sanctuary Policy of St. James UMC and will abide by the policy while serving with children, youth, or vulnerable adults at the church or in associate with the ministries of the church. Any information of personal nature including but not limited to Family Court Orders and Orders of Protection, that I may become aware of concerning children, youth, or vulnerable adults within the church will remain confidential and not be divulged to unrelated persons of interest.

Youth Signature: _____

Date: _____

Parent Signature: _____

Date: _____

YOUTH VOLUNTEER – PARENT CONSENT FORM

I, _____, the parent or guardian of
_____, hereby acknowledge and give my permission for

_____ to volunteer at St. James United Methodist Church. I understand that when volunteering my child may be alone with one adult. I further understand that my child has agreed to abide the Safe Sanctuary Policies of St. James United Methodist Church and will participate in the Safe Sanctuaries Training for youth volunteers.

My child may receive service hours for volunteering at St. James. To receive credit for the hours, I/we will either provide a form or request an acknowledgement letter from the Program Director overseeing the ministry.

Signature of Parent/Guardian

Date