

**Atascocita United Methodist Church  
Volunteer Application**

Name \_\_\_\_\_

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

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Current job responsibilities and schedule \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

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

\_\_\_\_\_ Days \_\_\_\_\_ Evenings \_\_\_\_\_ Weekends

Can you make a one year commitment to this volunteer role? \_\_\_\_\_

Do you have your own transportation? \_\_\_\_\_

Do you have a driver's license? \_\_\_\_\_

Do you have liability insurance? (list policy limits and name of carrier) \_\_\_\_\_

Why would you like to volunteer as a worker with children and/or youth?

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

How were you parented as a child? \_\_\_\_\_

How do you discipline your own children? \_\_\_\_\_

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, other crimes of violence, theft, or motor vehicle violations)? \_\_\_\_\_ NO \_\_\_\_\_ YES

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

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

If yes, how did you feel about the incident? \_\_\_\_\_

Would you be available for periodic volunteer training sessions? \_\_\_\_\_ YES \_\_\_\_\_ NO

References: Please list three personal references (people who are not related to you by blood or marriage) and provide a complete address and phone information for each. References are confidential.

1. Name \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_

Relationship to reference \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_

Relationship to reference \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_

Relationship to reference \_\_\_\_\_

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

**Atascocita United Methodist Church**

**Authorization and Request for Criminal Records Check**

I, \_\_\_\_\_, hereby authorize Atascocita United Methodist Church to request the release of any information regarding any record of charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is local, state, or national file, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by state and federal law. I do release any law enforcement agency providing information, from all liability that may result from any such disclosure made in response to this request.

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

Print applicant's full name \_\_\_\_\_

Print all other names that have been used by the applicant (if any)

\_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Social Security number \_\_\_\_\_

Driver's license number \_\_\_\_\_ State issuing license \_\_\_\_\_

License expiration date \_\_\_\_\_

Request sent to \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

## Atascocita United Methodist Church

### Participation Covenant Statement

The congregation of Atascocita 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 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 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. All adult volunteers involved with children or youth of our church must have been members of the congregation for at least six months before beginning a volunteer assignment.
4. 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.
5. Adult volunteers with children and youth shall attend 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 and youth? \_\_\_\_YES \_\_\_\_NO
2. As a volunteer in this congregation, do you agree to observe the "Two Adult Rule" at all times? \_\_\_\_YES \_\_\_\_NO
3. 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
4. As a volunteer in this congregation, do you agree to promptly report abusive or inappropriate behavior to your supervisor? \_\_\_\_YES \_\_\_\_No
5. 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
6. As a volunteer of 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 I agree to observe and abide by the policies set forth above.

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

Print Full Name \_\_\_\_\_