Holliday First United Methodist Church

MinistrySafe Safety Application Form for

Volunteers

CONFIDENTIAL

This application should be completed by all volunteers for any position involving the supervision of minor children, youth or vulnerable adults, such as elderly or impaired persons. This is not an employment application. The purpose of this form is to assist in the creation of a safe environment for children, youth and vulnerable adults who participate in the programs of First United Methodist Church of Holliday or use the facilities of the church.

| Name: | |
|---|--------------------|
| Address: | |
| Phone: | |
| Email address: Driver's License # | |
| Sex: M F | |
| Marital Status: (single, married, separated, divorced, widowed, etc. | .) |
| Are you a member or regular attendee of this church? Holliday FUMC Yes No | |
| If so, for how long? | |
| How long have you lived at your current address? | |
| Previous address: | |
| List all other cities and states where you have lived as an adult: | |
| Please list the name, address, city and state of other churches you have attended regularly of years: | luring the past 10 |
| | |
| | |

| Please list all previous church work involving children, youth or vulnerable populations (impaired, adults, special needs individuals etc.). (List each church's name and address, type of work carried out, dates, and a contact person familiar with your work there. Use the back of this page for more space, if necessary.) |
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| |
| Please list all previous non-church work involving children, youth or vulnerable populations, (List each organization's name and address, type of work carried out, dates and a contact person familiar with your work there.) |
| |
| List any talents, vocations, preparation, training or other experiences which have equipped you to work with children, students or vulnerable adults: |
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Please complete a separate reference form providing one professional reference (if applicable), one personal reference, and one family member. References must include one non-family member and one member of the opposite sex. Please contact these references and inform them an authorized Holliday FUMC Staff person will be contacting them. (**See Reference Form for Volunteers** attached. References supplied on an Employment Application may take the place of this form for applicants seeking employment with either church of the Holliday FUMC.)

Release

I authorize First United Methodist Church of Holliday to contact all individuals, organizations and references listed on this Safety Application Form in order to verify the information I have provided to the church. I agree to release from liability any person or organization that provides information concerning me, including those persons I have listed as references, as well as contact persons from my previous church and non-church work, listed on this application.

I specifically authorize the church to undertake a criminal background check concerning my past.

I understand and agree that any information received from the background check and application verification will not be disclosed to me, and I hereby waive any right I may have to inspect any information provided about me by any person or organization identified by me on this form.

By signing this form, I certify and affirm that the information I have given on this form is true, complete and correct in all respects.

| Signature: | | |
|------------|------|------|
| Date: | | |

First United Methodist Church of Holliday Reference Form for Volunteers

| Volunteer's Name: |
|-------------------|
|-------------------|

| | Name | Address | City and State | Zip | Phone |
|----------------|------|---------|----------------|------|-------|
| | | | | Code | |
| Personal: | | | | | |
| | | | | | |
| | | | | | |
| Pastor or | | | | | |
| Professional: | | | | | |
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| Family Member: | | | | | |
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References Required: Each volunteer who has been a member or regular attendee of Holliday FUMC for less than six months must submit the names and phone numbers of at least one pastor or professional reference, one personal reference and one family member. Additional references may be submitted if deemed helpful by the volunteer in allowing Holliday FUMC to access their fitness for volunteer positions and qualifications. One of these references should be a person of the opposite sex