

Volunteer Application for Work with Youth and Children

Have you ever been involved romantically or sexually with any student in the youth ministry or had sexual relations with any minor after you became an adult?

YES

NO

Have you ever been a victim of any form of child abuse?

YES

NO

If yes, would you like to speak to a pastor or counselor?

YES

NO

Have you ever gone through treatment for alcohol or drug abuse?

YES

NO

Have you ever been asked to step away from ministry or work with youth or children in any setting, paid or volunteer?

YES

NO

Is there anything in your past or current life that might be a problem if we found out about it later?

YES

NO

I have read the document entitled **Volunteer Expectations** and received a copy of the Safe Sanctuaries policy and agree to abide by them.

(INITIAL) _____

If the answer to any of the above questions is yes, please attach another page and write a full explanation. These issues will be discussed confidentially if there is a problem.

WAIVER/RELEASE

I, the undersigned, give my authorization to the designated representatives of **Mt. Sylvan United Methodist Church**, hereinafter referred to as The Church—to verify the information on this form. The Church may contact my references and appropriate government agencies as deemed necessary in order to verify my suitability as a children's/youth ministry worker. I am willing to request and submit to The Church background reports on myself from the North Carolina Department of Social Services central registry.

The information contained in this application is correct to the best of my knowledge. I authorize any references listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for children's/youth ministry. In consideration of the receipt and evaluation of this application by The Church, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature that may at any time result to me, my heirs, or family, because of compliance or any attempts to comply with this authorization. I waive any rights that I may have to inspect any information provided by me by any person or organization identified by me in this application.

Should my application be accepted, I agree to be bound by the policies of The Church and to refrain from conduct unbecoming to Christ in the performance of my services on behalf of The Church. If I violate these guidelines, I understand that my volunteer status may be terminated. By signing this application, I state that all of the information given about myself is true.

I further state **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF, AND I SIGN THIS RELEASE AS MY OWN ACT.** This is a legally binding agreement which I have read and understand.

Print Name: _____

Date: _____

Signature: _____