

REDUCING THE RISK VOLUNTEER



Name _____

Department _____

Areas of Service _____

Date _____



Reducing the Risk

To watch the Safe Sanctuaries Training Video and answer these questions, please go to YouTube and enter: FUMC Safe Sanctuaries Training Video. Click on the one that is green and yellow. You'll see it has our FUMC Lawrenceville logo.

1. When do we make a promise as a congregation to surround a child with "steadfast love"?
2. Safe Sanctuaries policies have been put in place to: _____ abuse; _____ everyone feel safe: and _____ volunteers and employees.
3. What two things must we do to volunteer with children, students, or vulnerable adults?
4. How often is screening repeated?
5. Can children or students be in the building on their own?
6. What is the Two-Adult rule?
7. What is a Floater?
8. How does the Two-Adult rule apply to restroom assistance?
9. What is the minimum age for supervising?
10. How many years older than the students being supervised must an adult be?
11. When is a parent's written permission required for an event?
12. Three types of abuse are emotional, physical, and sexual. What are some signs that can indicate potential abuse?
13. If you suspect abuse, what must you do?

CONFIDENTIAL
VOLUNTEER APPLICATION

This Volunteer Application is being used to help the church provide a safe and secure environment for those who participate in our programs and use our facilities.

1. Name _____ Date _____
 Last First Middle

2. Ministry area you desire to volunteer at FUMC _____
List all ministry areas (youth, children, elder care, nursery etc.)

CHURCH HISTORY AND PRIOR MINISTRY WORK

Present Church Membership _____ **How Long** _____

Address if other than FUMC _____ Phone Number _____

List other church(s) where you have been a member, attended, served as a volunteer, or been employed in the past 10 years (use separate page if needed):

Church Name & Address	Phone – Fax – E-Mail	Ministry Areas	Dates of Service

List non-church work involving preschool, children, youth or senior adults (Little League, Boy Scouts, YMCA, etc.).

Organization Name & Address	Phone – Fax – E-Mail	Area of Service	Dates of Service

Personal References – (Must not be family or FUMC staff)

Personal References (Must not be family or FOMC staff)		
Name	Address	Phone – Fax – E-Mail

PERSONAL HISTORY

1. Have you ever been charged with, convicted of or plead guilty to a crime (misdemeanor or felony) other than a minor traffic violation? Are there any charges currently pending against you?

Yes ____ No ____ if yes, please explain. Attach a separate page if necessary. _____

2. Is there any reason, including those that are physical or mental health related, that might keep you from effective work with children, youth or older adults that cause potential harm?

Yes ____ No ____ if yes, please explain. _____

3. Have you ever been addicted or concerned that you were addicted to drugs, alcohol, pornography, gambling or any other harmful addictions; or has anyone ever suggested that you may have a problem with any of the above?

Yes ____ No ____ if yes, please explain. _____

4. Do you presently use? (check all that apply)

- ☐ Tobacco
☐ Alcohol
☐ Illegal Drugs

If yes, how often, please explain. _____

5. Have you ever been accused or convicted of an act of child abuse, child molestation, child cruelty, pornography, and sexual exploitation of a minor, an act of impermissible touching of a minor, an act of public indecency, or any other similar conduct?

Yes ____ No ____ If yes, please provide accusation or conviction details including person's name making the accusation, the date and place of alleged event took place and how the matter was resolved.

(Please attach as much information and supporting documentation as possible.)

6. Were you a victim of child abuse or neglect? Yes ____ No ____

7. Has anyone with whom you are close been a victim of child abuse or neglect? Yes ____ No ____

8. If applicable, would you like to talk with the senior minister or another professional about any of these matters?

Yes ____ No ____



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Tel: 888-670-9564 Fax: 208-498-3763
ClientServices@VerifiedFirst.com

Georgia State Name-Based Criminal Background History Record Information Consent/Inquiry Form

I hereby authorize **Verified First, LLC**, to conduct an inquiry for First UMC of Lawrenceville
(company) with the purpose(s) listed below and receive any Georgia and/or national criminal background
history record information as authorized by state and federal law.

Full Name (print)			
AKA name(s)			
Address			
Sex	Race	Date of Birth	Social Security Number

- ☒ This authorization is valid for 30 days from date of signature.
- ☐ I, _____, give consent to the above-named
entity to perform periodic criminal history background checks for the duration of my employment.

Signature _____

Date _____

Purpose Code Used: (check one that apply)

<input type="checkbox"/> E - Employment
<input type="checkbox"/> N - Working with Elderly
<input type="checkbox"/> W - Working with Children

Official use only:

Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/> No Criminal Record Available
<input type="checkbox"/> Criminal Record (Attached/Released)
<input type="checkbox"/> No NCIC/GCIC Warrant
<input type="checkbox"/> Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____

Wanting Agency Telephone: _____

Agency Designee Signature and Title _____

Date _____



**RECORDS BACKGROUND CHECK
CRIMINAL HISTORY CONSENT FORM**

1. Name (as it appears on drivers license) _____
First _____ Middle _____ Last _____
Have you ever been known by any other name? Yes _____ No _____
If so, please list all names, including your maiden name and/or former married name (s).

2. Current Marital Status _____ Marriage Date (s) _____
3. Address _____ How Long at Current Address? _____
City _____ State _____ Zip _____
4. Home Phone _____ Work Phone _____ Cell Phone _____
5. E-mail _____ Date of Birth ____/____/____ Social Security #: _____
6. Driver's License # _____ State of Issue: _____ Type _____ Expiration Date ____/____/____
7. Sex: ☐ Male ☐ Female
8. Race: (Please check one)
☐ White ☐ Black ☐ Hispanic
☐ Asian/Pacific Islander ☐ American Native/Alaskan Native ☐ Unknown
9. Area's I will be volunteering: (check all that apply)
☐ Youth and Children (ages 18 and under) ☐ Elder Care
☐ Mentally Disabled ☐ All of the above
10. Will you be driving for FUMC of Lawrenceville? (church owned bus and/or van, hired or personal vehicle) ☐ Yes ☐ No
11. For the purpose of Code W (working with children) ☐

Read Carefully

In consideration of the receipt and evaluation of this application by **First United Methodist Church of Lawrenceville**, I agree and represent that the information contained in this form is correct to the best of my knowledge. I authorize **First United Methodist Church of Lawrenceville** and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, driver record, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications as a volunteer now and, during my tenure as a volunteer with **First United Methodist Church of Lawrenceville**.

I authorize any references, or any other 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 individual, church, denominational agency or official, reference, or any other person or organization, including 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 to me, my heirs, or family, on account of compliance or any attempts to comply with this authorization, excepting only the communication of knowingly false information. I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN 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.

Note: This application must be signed in the presence of a Notary Public.

Applicant's Signature: _____ Print Full Name _____ Date _____

Sworn to and subscribed before me this _____ day of _____, 2____.

[SEAL]

Notary Public