

**ST. LUKE'S UNITED METHODIST CHURCH**  
**SAFE SANCTUARY APPLICATION**  
**Personal Information for Annual Renewal Only**

Program(s) for which you are applying to volunteer \_\_\_\_\_

Name: \_\_\_\_\_  
Last (Maiden) First Middle

Have you ever gone by another name? \_\_\_ Yes (include on Authorization sheet) \_\_\_ No

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Present Address: \_\_\_\_\_  
\_\_\_\_\_ City State Zip Code

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_F \_\_\_M

Do you plan to be a driver? \_\_\_No \_\_\_Yes [Program(s): \_\_\_\_\_]  
(If YES, please include requested information on Authorization form, along with photocopy of license.)

Do you use illegal drugs? \_\_\_\_\_

Have you ever been charged with child neglect or abuse? \_\_\_\_\_

Have you ever been convicted of or pleaded guilty to a crime (other than minor traffic offenses)?  
\_\_\_ No \_\_\_ Yes (If Yes, please explain, attach separate page if necessary.)

Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance and care of young people? (If yes, explain.) \_\_\_\_\_

Please indicate training you have received and date of expiration:  
\_\_\_\_\_ CPR \_\_\_\_\_ First Aid \_\_\_\_\_ Medical Training

Health issues which might limit your ability to serve \_\_\_\_\_

Days and times you are available \_\_\_\_\_

## Authorization and Request for Criminal Records Check

I, \_\_\_\_\_ hereby authorize St. Luke's Methodist Church to request the relevant police/sheriff's department to release information regarding any record 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 said police/sheriff's department from all liability that may result 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 applicant (if any):  
\_\_\_\_\_  
\_\_\_\_\_

Addresses for the Past 5 Years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Place of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Issuing License: \_\_\_\_\_

License Expiration Date: \_\_\_\_\_

[To be completed by St. Luke's United Methodist Church Official]

*Request for Criminal Records Sent To:*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date Sent: \_\_\_\_\_

Date Received: \_\_\_\_\_