



## Church History and Prior Volunteer Experience

Are you a member of St. Luke's? \_\_\_\_\_ Yes (How long have you been a member? \_\_\_\_\_)  
\_\_\_\_\_ No (Name of church where you are a member \_\_\_\_\_)

List (name and address) other churches you have attended regularly during the last five years:  
\_\_\_\_\_  
\_\_\_\_\_

List all previous church work involving children/youth (list each church's name and address, type of work performed and dates) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List prior volunteer opportunities in which you have been involved (i.e., Boy Scouts, Girl Scouts, Children or Youth Sports and etc.): \_\_\_\_\_  
\_\_\_\_\_

List any gifts, callings, training, education or other factors that have prepared you to work with children or youth: \_\_\_\_\_  
\_\_\_\_\_

Why do you want to work with children or youth of St. Luke's?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you enjoy most about working with children/youth? \_\_\_\_\_  
\_\_\_\_\_

Personal References (not former employers or relatives):

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_  
Daytime Telephone: \_\_\_\_\_ Nighttime Telephone \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_  
Daytime Telephone: \_\_\_\_\_ Nighttime Telephone \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_  
Daytime Telephone: \_\_\_\_\_ Nighttime Telephone \_\_\_\_\_

## Applicant's Statement

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information, including opinions that they may have, regarding my character and fitness for working with children, youth or vulnerable adults. In consideration of the receipt and evaluation of this application by St. Luke's United Methodist 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, their heirs and assigns, from any and all liability for damages of whatever kind of nature which may at any time result to me, my heirs, or family, on account of compliance of any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

Should my application be accepted, I agree to read and be bound by the attached *Child, Youth, and Adult Safety Policy for St. Luke's United Methodist Church* and to refrain from conduct in violation of the attached policies in the performance of my services on behalf of the church.

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 agreement which I have read and understand.

***This form must be signed in the presence of a witness (not a relative) whose signature appears below.***

Applicant's signature: \_\_\_\_\_

Applicant's name (printed): \_\_\_\_\_

Signature of parent if applicant is a minor: \_\_\_\_\_

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

Signature of witness: \_\_\_\_\_

Witness's name (printed): \_\_\_\_\_

Address (Street, City, State and Zip): \_\_\_\_\_

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

***A current Texas driver's license must be presented to be copied when this application is submitted***

**St. Luke's UMC will conduct a criminal records check on all applicants.**

## 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ 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: \_\_\_\_\_