

Personal Information

Program(s) for which you are applying to volunteer _____

Name: _____

 Last (Maiden) First Middle
Have you ever gone by another name? Yes (_____) No

Home Phone: _____ Business Phone: _____

Present Address: _____

City State Zip Code

Identity must be confirmed with a Texas State Drivers License or other photographic identification.

_____/_____/_____ DOB: ____/____/_____ Gender: F M
Texas Driver License No.

Do you plan to be a driver? No Yes [Program(s): _____]

Previous Residences for last 5 years:

Current Occupation, Employer, Employer Address: _____

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 _____

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: _____