

**Advent United Methodist Volunteer Application  
For Working with Children or Youth**

Applicant's full name: \_\_\_\_\_

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

Phones: Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

Occupation (or previous occupation): \_\_\_\_\_

In which areas are you most interested in volunteering:

- Children's Sunday School
- Youth
- Vacation Bible School
- Wednesday Night
- Nursery

Why would you like to volunteer as a worker with children and/or youth? \_\_\_\_\_

What qualities do you have that would help you work with children and/or youth? \_\_\_\_\_

Would you like to discuss any issues with a pastor regarding how you were parented as a child?  
\_\_\_\_\_

Please answer the following questions.

1. Have you ever been arrested or convicted of or pleaded guilty to a crime?  Yes  No
2. Have you ever been charged with or convicted or pleaded guilty of child neglect or abuse?  Yes  No
3. Has anyone ever made any complaints or allegations of misconduct involving children against you?  
 Yes  No
4. Have you ever been arrested or convicted of the possession, use or sale of drugs?  Yes  No
5. Within the past 90 days, have you abused alcohol or legal drugs?  Yes  No
6. Within the past 90 days, have you used any illegal drugs?  Yes  No
7. Have you been arrested or convicted or pleaded guilty to a traffic offense within the last 5 years?  Yes  No
8. Have you ever been investigated, arrested, or charged with a sex offender crime, or crime involving juveniles in any respect?  Yes  No
9. Have you ever been asked to discontinue volunteering or working with youth or children in a church or other setting?  Yes  No

If you answered yes to any of the above questions, please indicate the question's number and explain below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been exposed to an incident or an alleged incident of child abuse or neglect? \_\_\_Yes \_\_\_ No  
If yes, how did you feel about the incident? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have any health related condition(s) that would keep you from effectively working with or cause any potential harm to children/ youth? If yes, please describe. \_\_\_\_\_

\_\_\_\_\_

**Church History and Prior Children/ Youth Work**

List any other churches you have attended regularly during the past 5 years.

Church Name: \_\_\_\_\_ Phone \_\_\_\_\_

City, State \_\_\_\_\_:

Church Name: \_\_\_\_\_ Phone \_\_\_\_\_

City, State \_\_\_\_\_:

List any church work at your former churches listed above involving children and/or youth. Include the name of the program staff person to whom you reported. \_\_\_\_\_

List previous non-church work involving children and/or youth \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any special skills, training, education, or other factors that you have relevant to volunteering with children and/or youth \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any medical training or are you either First Aid or CPR certified? \_\_\_\_\_

**References:** Please list three personal references who are familiar with your work with children and/or youth (people who are not related to you by blood or marriage) and provide a complete address and phone information for each. References are confidential. Advent may check references at any time during a volunteer's service with Youth or Children.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Daytime phone \_\_\_\_\_ Evening phone: \_\_\_\_\_  
Relationship to reference: \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Daytime phone \_\_\_\_\_ Evening phone: \_\_\_\_\_  
Relationship to reference: \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Daytime phone \_\_\_\_\_ Evening phone: \_\_\_\_\_  
Relationship to reference: \_\_\_\_\_

**Applicant's Statement**

The information contained in this application is correct to the best of my knowledge. I authorize any references, churches, or other organizations listed herein to give Advent UMC information they may have regarding my character and fitness for working with children or youth, and I release all references from liability for damages of whatever kind that may result from furnishing such evaluations to Advent UMC. I waive my right to inspect any information provided about me by these references.

I have not been convicted of a child/youth sexual/physical abuse crime. I have not been nor am I currently involved in any abuse of a minor.

I realize that I may be subject to fingerprinting in order to verify my identity.

I have carefully read the above 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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

Use:  
Checked:

Application is confidential and is intended for review only by Pastoral Staff at Advent Methodist Church. Advent's pastoral staff is available for counseling or concerns on the completion of this application.