

Bethel United Methodist Church

Volunteer Application

For those Working with Children and Youth

In an effort to create the safest possible environment with Bethel United Methodist Church (BUMC), requires that all individuals volunteering to work with children and youth: (1) review BUMC's Child/Youth Protection Policy (*Available on Bethel Web site – www.Bethelumc.com by clicking "Youth/Children Ministries"*); (2) provide the information requested below; and (3) agree to a national background investigation. Please provide the following information, sign and date the form in the presence of a Notary, and return it to the church office, the Chair of the PPR, or the person who requested you complete it.

Last Name		First Name		Middle Name		Maiden Name	
Drivers License Number	ST	Social Security Number		Date of Birth		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race
Home Phone		Work/Mobile Phone		Email address			
Starting with your current address, list all address you have had in the past 10-years including approximate date (month & year) you first moved into each address. (<i>Use back of sheet if necessary</i>)							
Street Address		City		State	Zip	Start & End Dates (mo/yr)	
						To Date	
Names and location of Churches you have attended regularly during the past ten years				List all previous non-church work involving children or youth (include names and addresses of organizations. Use reverse of form if necessary).			
<input type="checkbox"/> Check if continued on reverse				<input type="checkbox"/> Check if continued on reverse			
Do you have any convictions for child abuse or expungements of such convictions or any other type of city, county, state or Federal conviction? <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>If you answer yes, please provide detailed information on the reverse.</i>)							
List Three Personal References (<i>Not former employers or relatives</i>)				Phone number of references including Area Code			

- ☐ I have read and understand the Bethel Child Protection Policy and agree to abide by it.
- ☐ I authorize any churches listed to release to BUMC any information (including opinions) that they may have regarding my work with children or youth.
- ☐ I authorize BUMC to make the necessary contacts with my references listed above and with any others who might provide further input regarding my ability to work with youth.
- ☐ I authorize BUMC to perform a background investigation state and Federal authorities to confirm that I am not listed on any register as a sex offender, for crimes against minors or any other criminal offense.

Signature (<i>Do NOT sign until in the presence of a Notary</i>)					Date	
		State of		County/City of		
		Subscribed and sworn to before me this			day of	200__
		Signature of Notary				