

POLICY:	SAFETY & SUPERVISION OF CHILDREN & YOUTH	Rev. 1
FORM TITLE:	AUTHORIZATION & REQUEST FOR CRIMINAL RECORDS CHECK FUMC-Page 1 of 2	FORM 1

I, _____, HEREBY AUTHORIZE FIRST UNITED METHODIST CHURCH OF LAKE JACKSON TO REQUEST THE DEPARTMENT OF PUBLIC SAFETY TO RELEASE INFORMATION REGARDING ANY RECORD OF CHARGES OR CONVICTIONS CONTAINED IN ITS FILES, OR IN ANY CRIMINAL FILE MAINTAINED ON ME, WHETHER SAID FILE IS A 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 THE DEPARTMENT OF PUBLIC SAFETY FROM ALL LIABILITY THAT MY RESULT FROM ANY SUCH DISCLOSURE MADE IN RESPONSE TO THIS REQUEST.

 APPLICANT'S SIGNATURE DATE APPLICANT'S NAME - PRINTED

PRINT ALL OTHER NAMES THAT HAVE BEEN USED BY APPLICANT (IF ANY):

 DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

DRIVER'S LICENSE NUMBER: _____ STATE ISSUING LICENSE: _____

LICENSE EXPIRATION DATE: _____

REFERENCES-NAME	PHONE NUMBER
1. _____	_____
2. _____	_____
3. _____	_____

LIST ALL STATES AND COUNTIES OF RESIDENCE SINCE HIGH SCHOOL GRADUATION OR AGE 18.

CITY/TOWN	COUNTY	STATE	COUNTRY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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AUTHORIZED PERSON REQUESTING CHECK:

(PRINTED NAME) _____

(SIGNATURE) _____

REQUEST SENT TO: _____

NAME: _____

ADDRESS: _____

PHONE: _____

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FORM TITLE:	VOLUNTEER APPLICATION – FUMC, Page 2 of 2	FORM 2

What is your philosophy on disciplining children? _____

Would you be available for periodic volunteer training sessions? Yes No

REFERENCES:

Please list three individuals who are not related to you by blood or marriage as references. Please list people who have known you for at least three years.

1. Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Length of time you have know reference: _____

Relationship to reference: _____

2. Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Length of time you have know reference: _____

Relationship to reference: _____

3. Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Length of time you have know reference: _____

Relationship to reference: _____

Signature of Applicant

Date

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FORM TITLE:	PARTICIPATION COVENANT STATEMENT STAFF/VOLUNTEER – FUMC, Page 1 of 2	FORM 3

The congregation of the First United Methodist Church – Lake Jackson is committed to providing a safe and secure environment for all children, youth, and volunteers who participate in ministries and activities sponsored by the church. The following policy statements reflect our congregation’s commitment to preserving this church as a holy place of safety and protection for all who would enter and as a place in which all people can experience the love of God through relationships with others.

1. No adult who has been charged or convicted of child abuse (either sexual abuse, physical abuse, or emotional abuse) should volunteer to work with children or youth.
2. Adult survivors of child abuse need the love and support of our congregation. Any adult survivor who desires to volunteer in some capacity to work with children or youth is encouraged to discuss his/her willingness with one of our church’s ministers before accepting an assignment.
3. All adult volunteers involved with children or youth of our church must have been members of the congregation for at least six months before beginning a volunteer assignment.
4. All staff members/adult volunteers involved with children and youth should observe the “Two-Adult Rule” at all times so that no adult is ever alone with children or youth.
5. Adult staff members/volunteers with children and youth should attend regular training and educational events provided by the church to keep volunteers informed of church policies and state laws regarding child abuse.
6. Adult staff members/volunteers should immediately report any behavior that seems abusive or inappropriate. Reports should be made to (in order of preference) the Senior Pastor, or the Associate Pastor, or a member of the Staff Parish Relations Committee (SPRC), or the church office, or to a member of the Council of Ministries.
7. FUMC-LJ does not intend to impose on your privacy or create any discomfort with the following covenants. However, the information is necessary to protect the children and church members. Your privacy will be protected.

PLEASE ANSWER THE FOLLOWING QUESTIONS BY ✓-ING THE APPROPRIATE COLUMN:

QUESTION:	YES	NO
As a staff member/volunteer in this congregation, do you agree to observe and abide by all church policies regarding working in ministries with children and youth?		
As a staff member/volunteer in this congregation, do you agree to observe the “Two-Adult Rule” whenever it is feasible to do so?		
As a staff member/volunteer in this congregation, do you agree to abide by the six-month rule before beginning a volunteer assignment (unless exempted per step __ of this policy)?		
As a staff member/volunteer in this congregation, do you agree to participate in training and education events provided by the church related to your volunteer assignment?		
As a staff member/volunteer in this congregation, do you agree to promptly report abusive or inappropriate behavior? (see #6 above)		
As a staff member/volunteer in this congregation, do you agree to inform a minister of this congregation if you have ever been or ever are convicted of child abuse?		

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Have you ever been accused of any crime? If yes, please explain (attach additional page(s) if needed).

Have you ever been accused of sexual harassment in the workplace? YES NO

Have you ever been sued or had a claim brought against you for sexual harassment? YES NO

I have read and completed this PARTICIPATION COVENANT and I agree to observe and abide by the policies set forth above.

STAFF MEMBER'S/VOLUNTEER'S
SIGNATURE

DATE

STAFF MEMBER'S/VOLUNTEER'S
NAME – PRINTED