

CHECK ANY OR ALL  
PERTAINING MINISTRIES

NURSERY \_\_\_\_\_  
CHILDREN \_\_\_\_\_  
YOUTH \_\_\_\_\_

APPENDIX I  
Bluff Park United Methodist Church  
Child Protection First!

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**Confidential Volunteer and Employment Application**

This application is to be completed by all volunteers for any position involving the supervision or custody of minors and by all church employees who could have contact with minors in church facilities or on church sponsored activities. It will help our church family provide a safe and secure environment for all boys and girls who participate in our ministries and use our facilities.

**Personal**

Name \_\_\_\_\_ Date \_\_\_\_\_

Present Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Evening) \_\_\_\_\_ Phone (Day) \_\_\_\_\_

On what date would you be available to begin? \_\_\_\_\_

Do you have a current driver's license?  No  Yes, State \_\_\_\_\_ Driver license number \_\_\_\_\_

Have you ever been convicted of, arrested for, or pled guilty to a felony or an offense involving a minor?

No

Yes, please describe all convictions for the past five years \_\_\_\_\_

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Were you a victim of abuse or molestation as a minor or as an adult?  No  Yes

(If you prefer, you may decline to answer this question, or you may discuss your answer in confidence with one of the ministers rather than answering on this form. Answering yes or leaving the question unanswered will not automatically disqualify you.)

I have read the Child Protection First Policy and affirm that at no time in the past have I engaged in conduct that would fall within the definition of child sexual abuse.  Yes  No

**Present Employment**

Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Employment Date \_\_\_\_\_ to \_\_\_\_\_

Hours/Week \_\_\_\_\_ Your position \_\_\_\_\_

Job description \_\_\_\_\_

**APPENDIX L**  
**Bluff Park United Methodist Church**  
**Child Protection First!**

**Consent To Release of Confidential Information**

Having made application to work with minors at Bluff Park United Methodist Church (BPUMC) and desiring the church to be informed as to my past record and character, I authorize any persons, references, employers, churches, or organizations with whom I have had any contact to release to BPUMC any information (including opinions) they may have regarding my record, character, and fitness for work with minors. I also authorize BPUMC, at its discretion, to contact any law enforcement or social service agency to determine whether I have ever been charged or convicted of a crime, and I authorize such agencies to release such information to BPUMC. I fully release BPUMC, its agents, and all persons, organizations, and agencies from any right or claim of confidentiality and from all claims, actions, or causes of action which may arise as a consequence of exchanging such information, and I waive any right that I may have to inspect any such information, letters or statements, provided on my behalf.

Full Legal Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_ Drivers License No. \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

State of \_\_\_\_\_:

County of \_\_\_\_\_:

Subscribed and sworn to before me on this \_\_\_\_\_  
day of \_\_\_\_\_, \_\_\_\_\_.

Witness \_\_\_\_\_

Witness \_\_\_\_\_

NOTARY PUBLIC

My Commission Expires \_\_\_\_\_

**Statement from Law Enforcement or Social Service Agency**

\_\_\_ I have checked our records regarding the person named above and have found no indication that this person has ever been charged, arrested, or convicted of a crime, including neglect, physical abuse, sexual abuse, assault, or any other acts of violence.

\_\_\_ I have found some problems with this person's record: please call me for more information.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Agency Name \_\_\_\_\_

Telephone \_\_\_\_\_

**Please return this form to:** Child Protection First Coordinator, Bluff Park United Methodist Church

***A PHOTOCOPY OF THIS AUTHORIZATION SHALL HAVE THE SAME EFFECT AS THE ORIGINAL.***