**WHEREHOUSE YOUTH MINISTRY  
ADULT/VOLUNTEER  
GENERAL FORM**

**2021**

**Please sign and notarize before**

**attending any events**

**teacher/Adult application**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex (M/F) \_\_\_\_ If under 18, list age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you participated in Safe Sanctuary training? Yes No

Marital Status (Single, Married, Divorced, Separated) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you attended St. Pete FirstUMC? \_\_\_\_\_\_\_ Years \_\_\_\_\_\_\_ Months

Are you a member of St. Pete FirstUMC? Yes No

If no, why\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you interested in attending a membership class? Yes No

Do you attendSt. Pete FirstUMC regularly? Yes No

In what capacity(s) do you wish to serve in St. Pete FirstUMC’s Children’s Ministry?

What age groups or areas of ministry are you most comfortable with?

Why do you want to be involved in the Children’s Ministry at St. Pete FirstUMC?

Do you have teaching or teaching ministry experience? If so, what and where.

List any special children’s ministry-related abilities or skills (music, storytelling, crafts, etc.):

What other experience do you have in working with children?

List any training you have had that qualifies you for the position you are seeking, including any professional license or certification:

If you have any physical condition that would prevent you from performing any activity relating to children’s work, please explain briefly:

Please give a brief testimony of your Christian experience including when and how you became a Christian. Also, please include how you maintain a close relationship with Christ. (Please use another sheet of paper if necessary) \*All information given will be held in complete confidence.

**BACKGROUND CHECK**

St. Pete FirstUMC has adopted (upon recommendation of our insurance company) a policy of asking for references and a background check for those who work with our/your children. Please answer the following questions so that we may implement this policy:

Have you participated in a background check? (Y/N) \_\_\_\_\_\_ If so, what level? \_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other names you have been known by on official documents [including nicknames & maiden names]:

Previous addresses (last three–oldest last):

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates there \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates there \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates there \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted of any offense involving breach of trust, immorality, or any other crime? [More serious than a traffic violation] **Yes No**

If yes, indicate nature of offense, date of conviction, court, and sentence:

Have you ever been the subject to expulsion, reprimand, or other discipline by a church or other religious organization? **Yes No**

If yes, explain:

Do you have a current driver’s license? **Yes No**

If yes, please list your license number:

Have you been a victim of child abuse (sexual or other)?

If you prefer, you may discuss this answer in confidence with a pastor.

List names of previous churches you have attended with cities & states:

**MY COVENANT TO CHRIST AND THE CHURCH:**

I believe in the ministry of St. Pete FirstUMC. With God’s help, I will be involved and faithful in my assigned ministry and attend meetings and training sessions, unless providentially hindered. I will follow the leadership of my area of service and seek to live a consistent life as a Christian. I promise to recognize and adhere to the moral and ethical standards provided in Holy Scripture. I willingly and joyfully commit myself to the ministry of the church for the glory of Jesus Christ.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_/\_\_\_/\_\_

**REFERENCES**

Please list two character references that can identify your strengths and weaknesses (at least 18 years old and NOT related to you):

1. Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How do they know you?

2. Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How do they know you?

[Please place your initials in front of each paragraph, but ONLY after you have thoroughly read and understood each paragraph. Ask questions if necessary.]

\_\_\_\_ I the undersigned, give my authorization to St. Pete FirstUMC to verify the information on this form. St. Pete FirstUMC may contact my references and appropriate government agencies as deemed necessary in order to verify my suitability as a volunteer at St. Pete FirstUMC.

\_\_\_\_ I hereby authorize any former employers, any former organizations for which I have volunteered, and/or churches to give you, St. Pete FirstUMC, any information, including their opinions, that they may have regarding my character and fitness to work with children and minors. I release all such references from any liability for furnishing such evaluations of me to St. Pete FirstUMC provided they do so in good faith and without malice. I waive any right that I may have to inspect references provided by these individuals and/or organization on my behalf to St. Pete FirstUMC.

\_\_\_\_ I hereby authorize St. Pete FirstUMC to conduct a criminal history background check and agree to complete and sign any documentation necessary to secure said criminal history check.

\_\_\_\_ By my signature on this form, I confirm that I understand and agree that in the event of allegations of child abuse or child sexual abuse rise regarding my conduct while I serve in the capacity of a staff member and/or volunteer, the church will fully cooperate with any ensuing investigation and/or prosecution and that the church will have the right to announce the facts/results publicly if deemed necessary and/or appropriate by the church leadership.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_/\_\_\_/\_\_\_