

APPLICATION TO WORK OR VOLUNTEER WITH VULNERABLE PERSONS

All portions of this application are to be completed by all persons (volunteer or compensated) who desire to work with vulnerable persons in our church's ministries. This application form is being used to help the church provide a safe and secure environment for those vulnerable persons who participate in our programs.

WHO YOU ARE

Date: ____/____/____

Name: _____
 First Middle Last

Former Name (if applicable): _____
 First Middle Last

E-mail address: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Present address: _____

City: _____ State: _____ Zip code: _____

How long have you lived at your present address? _____

If less than one year, please provide all previous addresses for the past five years: _____

Please indicate the type of children's or youth work in which you are interested: _____

Please indicate the date you would be available to begin: ____/____/____

Why would you like to volunteer with children or youth? How have you felt called to this ministry? _____

List any gifts, callings, training, education, or other factors that have prepared you for working with children or youth: _____

At COTS, we believe that it is important for volunteers who are nurturing the faith foundation of others to also be nurturing their personal faith development. How would you describe your desire to grow in your faith and your spiritual practices?

Our church has an open door policy which means that a parent, volunteer, or church staff member can visit/observe at any time. Are you comfortable with this atmosphere? _____

Have you ever been charged with, convicted of, pleaded guilty to, or no contest to a crime against children or other persons? Yes No
If yes, please explain (attach a separate page, if necessary) _____

Have you ever participated in or been accused of any act of abuse or sexual misconduct against a vulnerable person? Yes No
If yes, please explain (attach a separate page, if necessary) _____

Are you aware of any traits or tendencies you possess that could pose a threat to vulnerable persons? Yes No
If yes, please explain (attach a separate page, if necessary) _____

WHERE YOU'RE FROM

Name of church which you attend, if any: _____

How long have you been attending, if applicable? _____

List the name, city and state of the other churches you have attended regularly during the past ten years and length of time attended:

List all previous church work involving children and/or youth (list each church's name, city, state, type of work performed, and approximate dates):

List all previous non-church work involving children and/or youth (list each organization's name, city, state, type of work performed, and approximate dates): _____

**WHAT YOU PROMISE TO THE INDIVIDUALS & FAMILIES
IN MINISTRIES OF CHURCH OF THE SAVIOUR –
A PARTICIPATION COVENANT**

The congregation of The Church of the Saviour is committed to providing a safe and secure environment for all vulnerable persons 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.

- No adult who has been convicted of abuse of any vulnerable person (either sexual abuse, physical abuse, emotional abuse, or financial exploitation) should work with vulnerable persons in any church-sponsored activity.
- All adult volunteers must have attended Church of the Saviour regularly for at least 6 months before working in a leadership role with vulnerable persons.
- Adult volunteers with vulnerable persons shall observe the "Two Adult Rule" and "Rule of Three" at all times so that no adult is ever alone with vulnerable persons.
- Adult volunteers with vulnerable persons shall attend regular training and educational events provided by the church to keep volunteers informed of church policies and state laws regarding abuse.
- Adult volunteers shall immediately report to their supervisor any behavior that seems abusive or inappropriate.

Please answer each of the following questions:

1. As a volunteer at COTS, do you agree to observe and abide by all church policies regarding working in ministries with vulnerable persons?

Yes No

2. As a volunteer at COTS, do you agree to observe the "Two Adult Rule" and "Rule of Three" at all times?

Yes No

3. As a volunteer at COTS, do you agree to participate in training and education events provided by the church related to your volunteer assignment?

Yes No

4. As a volunteer at COTS, do you agree to promptly report abusive or inappropriate behavior to your supervisor?

Yes No

5. As a volunteer at COTS, do you agree to inform a minister of this congregation if you have ever been convicted of abuse?

Yes No

I have read this **Participation Covenant**, and I agree to observe and abide by the policies set forth above.

Signature of Applicant _____

Date ____/____/____

REFERENCE LIST

Applicant Name: _____

Please list three persons who are familiar with your character, particularly as it relates to supervision of children or youth. If applicable, include the pastor of the church most recently attended. None of the references may be a family member or a COTS Staff member. References will be checked.

1. _____
Name Relationship

Address

Email address Phone

2. _____
Name Relationship

Address

Email address Phone

3. _____
Name Relationship

Address

Email address Phone

**AUTHORIZATION AND RELEASE OF INFORMATION,
AND REQUEST FOR CRIMINAL RECORDS CHECK**

I, _____ hereby attest that the information contained in this application is correct and complete to the best of my knowledge. I authorize any individuals listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for work with children or youth. In consideration of the receipt and evaluation of this application by Church of the Saviour United Methodist, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family on account of compliance or any attempts to comply, with this authorization.

Should my application be accepted, I have read, understand, and agree to abide by the Safe Sanctuary Policy & Procedures of Church of the Saviour and will live by the understanding that, as a person of authority, it is my responsibility to avoid inappropriate behavior with any vulnerable persons my care.

I further state that **I HAVE CAREFULLY READ THE FOREGOING AUTHORIZATION AND RELEASE AND KNOW ITS CONTENTS AND I SIGN IT AS MY OWN FREE ACT.** This is a legally binding agreement which I have read and understand.

Furthermore, I hereby authorize Church of the Saviour to request the background screening entity to release information regarding any record of convictions contained in its file, 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 or vulnerable adults, to the fullest extent permitted by state and federal law. I do release said church and background screening entity from all liability that may result from any such disclosure made in response to this request.

_____/_____/_____
Signature of Applicant **Date**

Print applicant's full name: _____

Date of birth: ____/____/____ Place of birth: _____

Request sent to: Ohio Bureau of Criminal Identification and Investigation
P.O. Box 365, London, OH 43140
(740) 845-2000
and/or to: Federal Bureau of Investigation