BMUMC VOLUNTEER APPLICATION

NAME:			
Last	First	Mic	ldle
Are you age of 18 or older?(circle one) Present address:			
Present address:City:	Stat	e:	Zip:
Home Phone:	Ce	Il Phone:	
Email Address:			
Are you a member of Baldwin Memoria If yes, have you been a member for at Previous Relevant Volunteer or Paic have held.	least six m	nonths? Yes N	lo
Special interests, hobbies, skills:			
First Aid Training? Yes No Date			
CPR training? Yes No Date	e complete	d	
If you are willing to transport children f following:	or church r	elated activities	you must provide the
1- A valid Driver's license (photo copy))		
2- Proof of insurance			
3- Make, model, license tag of vehicle			
Do you agree to read and abide by the Will you agree to consent to a criminal birth if requested? Yes N	l backgrour		
Waiver and Consent:		hereby certify the	nat the information I have
provided on this application for volunte	er opportu	nities is true an	d correct. I authorize this
church to verify the information I have			
by conducting a criminal records check		_	
In the event that my application			
Memorial United Methodist Church, I a			
Baldwin Memorial United Methodist Cl			ny inappropriate conduct in
the performance of my duties on beha	If of the ch	urch.	
Signature of Applicant	D	ate	
For Office Lies Only			
For Office Use Only Participant Covenant Signed			
Questionnaire Submitted		nnaire Reviewed	
Decision	_ SSP Tra	aining Completed	
Volunteer Status Expiration			

BMUMC PARTICIPATION COVENANT

NAME: _____

The congregation of Baldwin Memorial United Methodist Church is committed to providing a safe and secure environment for children, youth and vulnerable adults 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 convicted of child abuse (either sexual, physical, or emotional abuse) should volunteer to work with children or youth in any church-sponsored activity.
2- All volunteers agree to read and abide by the Policy for Safe Ministry of BMUMC.
3- All adult volunteers involved with the children or youth of our church must have been associated with the congregation (preferably a member) for at least six months before beginning a volunteer assignment.
4- Adult volunteers with children and youth shall observe the "Two Adult Rule" at all times so that no adult is ever left alone with children or youth.
5- Adult volunteers with children and youth shall attend training sessions and educational events provided by BMUMC to keep volunteers informed of church policies and state laws regarding child abuse.
6- Adult volunteers shall immediately report to their supervisor any behavior that seems abusive or inappropriate.
Please answer the following questions: 1- As a participant in this congregation, do you agree to observe and abide by all church policies regarding working in ministries with children and youth? Yes No
2- As a participant in this congregation, do you agree to observe the "Two Adult Rule" at all times? Yes No
3- As a participant in this congregation, do you agree to promptly report abusive or inappropriate behavior to your supervisor? Yes No
I have read this PARTICPATION COVENANT and the Policy for Safe Ministry, and I agree to observe and abide by the policies set forth by Baldwin Memorial United Methodist Church.
Signature:
Date:

Questionnaire (Please check the appropriate box. If more space is needed, please us an additional sheet of paper.)

1.	Have you ever filled out this questionnaire for this church or agency? Yes No If no, please answer questions 2 through 9 below. If yes, give the date: Have any answers changed since you filled out that copy? Yes No If no, please sign and return this form. If yes or you are unsure, please answer questions 2 through 9 below.
2.	Have you ever been accused, in a written and signed statement, of sexual misconduct with a child or youth? Yes No
3.	Have you ever been accused, in a written and signed statement, of sexual misconduct with an adult? Yes No
4.	Have you ever been dismissed from any position, volunteer or salaried, because of accusations of sexua misconduct on your part? Yes No
5.	Have you ever resigned from any position, volunteer or salaried, because of an accusation of sexual misconduct on your part, or to avoid being dismissed because of an accusation of sexual misconduct on your part? Yes No
6.	If your response to any of the foregoing questions (2 through 5) is "yes", please provide on a separate sheet of paper all details regarding each accusation of sexual misconduct that has been made with respect to you, including a description of the alleged conduct, the name of the person who made the accusation, the date of the alleged misconduct, and the name of your employer at the time of the alleged misconduct.
7.	A. Have accusations of sexual misconduct on your part ever resulted in civil or criminal court proceedings at any level (e.g., indictment, arrest, trial, etc.)? Yes No
	If yes, please provide the complete details of those proceedings (including dates, circumstances, the jurisdiction where the proceedings occurred, the nature of the accusations, and the result of the proceedings) on a separate sheet of paper.
	B. Have accusations of sexual misconduct against you resulted in civil or criminal court proceedings on more than one occasion? Yes No
8.	Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people? Yes No
9.	Please provide three adult references (names, addresses, phone numbers) of persons who are not related to you by blood, marriage or other family relationship and are not employed or supervised by you, who can, to the best of their ability, provide statements in support of your good character and clean record in regard to sexual misconduct with children, youth, and adults.
Ref	ference Contact Information (Name, Address, phone number)
1.	
2.	
3.	

Questionnaire Response Form

(To be signed by all laypersons and un-appointed clergy who work with children or youth within the local church or a Conference agency. If under 18, a parent or guardian must also sign)

I verify that the answers I have provided on this questionnaire are true and accurate to the best of my ability. I understand that false answers, as well as the failure to sign this Reponse Form, will result in my being denied the position for which I am being considered.

Signature:	Date:	
Please print your name:		
Parent/Guardian (if under 18):	Date:	
Please print your name:		
Address:		
Phone Number:	Email:	