



VOLUNTEER APPLICATION

Name _____

Address _____

Daytime phone _____ Evening phone _____ Cell phone _____

Employer _____

Current job responsibilities _____

Previous work experience _____

Previous volunteer experience _____

Special interests, hobbies, and skills _____

How many hours per week would you like to volunteer? _____

Are you willing to make a one-year commitment to this volunteer role? _____

Do you have your own transportation? _____ Do you have valid driver's license? _____

Do you have liability insurance? _____ Policy Carrier: _____

Why would you like to volunteer with children and/or youth? _____

What qualities do you have that would help you serve with children and/or youth? _____

How were you parented as a child? _____

How do you discipline your own children? _____

Have you ever been charged, convicted of, or pled guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, and other crimes of violence, theft, or motor vehicle violations)? No Yes

If yes, please explain fully: _____

Have you ever been exposed to an incident of child abuse or neglect? No Yes

If yes, how did you feel about the incident? _____

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

References: Please list three personal references (people who are not related to you by blood or marriage) and provide complete address and phone information for each. References are confidential.

Name: _____

Address: _____

Daytime phone: _____ Evening phone: _____ Cell phone: _____

Relationship to reference: _____

Name: _____

Address: _____

Daytime phone: _____ Evening phone: _____ Cell phone: _____

Relationship to reference: _____

Name: _____

Address: _____

Daytime phone: _____ Evening phone: _____ Cell phone: _____

Relationship to reference: _____

Signature of Applicant: _____ Date: _____



FLOATER APPLICATION
(Defined as any young adult from 11-17 years old)

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Cell Phone # _____ Home Phone # _____

Parent's Email Address _____

Birth Date _____ Age _____

Parent's Names _____

Person to be contacted in case of illness or injury on duty:

Name _____

Relationship _____

Person's Location in Building _____

Have you ever taken the Red Cross babysitting class: Y N

If yes, when _____

Would you attend a class when offered at CUMC: Y N

I have read the Safe Sanctuary Policies and understand my role as a volunteer: Y N

Applicant's Signature _____

Parent's Signature _____



PARTICIPATION COVENANT STATEMENT

The congregation of Clemmons United Methodist Church 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 convicted of child abuse (sexual, physical or emotional) should volunteer to serve with children or youth in any church-sponsored activity.
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 serve 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 3 months before beginning a volunteer assignment. Please note exceptions under the Waiting Period section of CUMC's Safe Sanctuary Children Youth, Volunteers and Staff Protection Policy Handbook.
4. Adult volunteers with children and youth shall observe the "Two-Adult Rule" at all times so that no adult is ever alone with children or youth.
5. Adult volunteers with children and youth shall 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 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 in this congregation, do you agree to observe and abide by all church policies regarding serving in ministries with children or youth to the best of your ability? ____ Yes ____ No
2. As volunteer in this congregation, do you agree to abide by the three-month rule before beginning a volunteer assignment? ____ Yes ____ No
3. As a volunteer in this congregation, do you agree to observe the "Two-Adult Rule" to the best of your ability? ____ Yes ____ No
4. As a volunteer in this congregation, do you agree to participate in training and education events provided by the church related to your volunteer assignment? ____ Yes ____ No
5. As a volunteer of this congregation, do you agree to promptly report abusive or inappropriate behavior to your supervisor? ____ Yes ____ No

Answer the following questions, only if they apply to your past:

6. If you are a survivor of child abuse, do you agree to talk with a minister of this congregation? ____ Yes ____ No
7. If you have ever been convicted of child abuse, do you agree to inform a minister of this congregation? ____ Yes ____ No

I have read this Participation Covenant and I agree to observe and abide by the policies set forth above to the best of my abilities.

Signature of Applicant: _____ Date: _____

Print Full Name: _____



3700 Clemmons Road
PO Box 829
Clemmons, NC 27012
336-766-6375

Volunteer Background Check Authorization Form

Name: _____
 Last First Middle

Maiden Name: _____

Social Security Number: _____

Date of Birth: _____

Current Address: _____

Telephone: _____

Any other address during the last five years:

I hereby give permission to Clemmons United Methodist Church to perform a background check on me as a condition of volunteering.

Signature

Date



CONFIRMATION OF TRAINING FOR CHILDREN'S MINISTRY

I have read and understand the attached forms pertaining to the area in which I will be volunteering.

Signed: _____ Dated: _____

Please return to the Coordinator of Children's Ministries office in A206B with all required forms.

