

GETHSEMANE UNITED METHODIST CHURCH

910 Addison Road South
Capital Heights, MD 20743
(301) 336-1219

SAFE SANCTUARY STAFF/VOLUNTEER CHECKLIST

NAME _____

DATE _____

PLEASE CHECK THE APPROPRIATE BOX

APPLICATION COMPLETED ----- YES ☐ NO ☐

REFERENCES CHECKED ----- YES ☐ NO ☐

BACKGROUND CHECKED ----- YES ☐ NO ☐

SAFE SANCTUARY TRAINING ----- YES ☐ NO ☐

SEXUAL MISCONDUCT QUESTIONNAIRE----- YES ☐ NO ☐

CPR/FIRST AID (If required) ----- YES ☐ NO ☐

PARTICIPANT COVENANT STATEMENT----- YES ☐ NO ☐

VOLUNTEER RECOMMENDED ----- YES ☐ NO ☐

Gethsemane United Methodist Church
SAFE SANCTUARIES - VOLUNTEER APPLICATION

Name (First, middle, maiden, last): _____

Employer: _____ Occupation: _____

Previous volunteer experience: _____

Special interests, hobbies, and skills: _____

How many hours per week are you available to volunteer? _____

Are you available: _____ Days _____ Evenings _____ Weekends

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

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

Do you have liability insurance? (list policy limits and name of carrier) _____

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

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

Describe your parents' discipline style: _____

Describe your own discipline methods: _____

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

1. Name: _____ Address: _____

Daytime phone: _____ Evening phone: _____

Relationship to reference: _____

2. Name: _____ Address: _____

Daytime phone: _____ Evening phone: _____

Relationship to reference: _____

3. Name: _____ Address: _____

Daytime phone: _____ Evening phone: _____

Relationship to reference: _____

Signature of applicant: _____ Date: _____

CONFIDENTIAL

Gethsemane United Methodist Church 910 Addison Road South, Capital Heights, MD 20743, (301) 336-1219 Background Check Authorization

Area of Ministry/ Service: _____

Print Name: _____
(First) (Middle) (Last)

Former Name(s) Used: _____
(Maiden) Year Married

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

List all addresses you have lived at in the past seven years. If needed please list additional addresses on the back of this form:

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: _____ Date of Birth: _____

Telephone Number: _____

Driver's License Number/State: _____

Are you a member of Gethsemane United Methodist Church? (Please circle) NO YES, Since: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize **Gethsemane United Methodist Church** and its designated agents and representatives to conduct a comprehensive review(s) of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records. The information collected will be reviewed by **Gethsemane United Methodist Church**. **Gethsemane United Methodist Church** reserves the right to deny Volunteer status to any applicant for any reason.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **Gethsemane United Methodist Church** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release **Gethsemane United Methodist Church**, the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Signature: _____ Date: _____

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Dear Pastor/Confidentially Officer:

A Gethsemane United Methodist Church Ministry is requesting the highlighted checks to be run on the prospective employee/volunteer.

- _____ Criminal History Search (county/local)
- _____ Criminal History Search (statewide)
- _____ Criminal History Search (nationwide)
- _____ Motor Vehicle Drivers Record (county/local)
- _____ Motor Vehicle Drivers Record (statewide)
- _____ Motor Vehicle Drivers Record (nationwide)
- _____ Social Security/Name Trace
- _____ Sex Offender Registry (county/local)
- _____ Sex Offender Registry (statewide)
- _____ Sex Offender Registry (nationwide)

After completing each highlighted search please check and initial that the search was completed. Please attach your findings from the searches requested to this page.

Thank You,

Safe Sanctuary Committee

FOR OFFICE USE ONLY:

Date run _____ By _____

Date returned _____ Results reviewed by _____

Additional Notes/Comments:

Staff & Volunteer Packet

QUESTIONNAIRE

(Please check the appropriate box. If more space is needed, please use 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 a 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 sexual 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.
- 7.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

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 Response Form, will result in my being denied the position for which I am being considered.

Signature: _____ Date: _____

Please print your name: _____

Parent/Guardian: _____ Date: _____

Please print your name: _____

Address: _____

Phone Number: _____ E-mail: _____

Gethsemane United Methodist Church
910 Addison Road South
Capitol Heights, MD 20743
301-336-1219

Participation Covenant Statement

The congregation of Gethsemane United Methodist Church is committed to providing a safe and secure environment for all children, youth, vulnerable adults and adults who care for and work with them in the ministries and activities sponsored by the church. The following statements reflect our congregation's commitment to preserving our church as a holy place where all people can experience the love of God through relationships with others.

1. No adult who has been convicted of child abuse (either sexual abuse, physical abuse or emotional abuse), will be permitted to volunteer to work with children/youth/vulnerable adults 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 work with children/youth/vulnerable adults is encouraged to discuss his/her willingness with one of our church's ministers before accepting the assignment.
3. All adult volunteers and workers involved with children/youth/vulnerable adults of our church must have been members (or regularly attending) for at least three to six months.
4. The "Two-Adult Rule" means no fewer than two adults (unrelated by blood or marriage) will be present at all times during any church sponsored program or event.
5. Adult volunteers and workers involved with children/youth/vulnerable adults shall observe the "Two-Adult Rule" at all times so that no adult is ever alone with children/ youth/vulnerable adults.
6. All adult volunteers and workers shall be over the age of 18 and observe the "Five- Years-Older" Rule.
7. The "Five-Years-Older" Rule means that youth volunteers and workers will be at least five years older than the children/youth served in the ministries.
8. Adult volunteers and workers with children/youth/vulnerable adults shall attend regular training and educational events provided by the church to keep volunteers informed of church guidelines and state laws regarding abuse.
9. Adult volunteers and workers shall immediately report to their supervisor any

Staff & Volunteer Packet

behavior that seems abusive or inappropriate.

Please answer each of the following questions:

1. As a volunteer in this church, do you agree to observe and abide by all church guidelines regarding working in ministries with children/youth/ vulnerable adults?

Yes____ No ____

2. As a volunteer in this church, do you agree to observe the "Two-Adult Rule" to the best of your ability? Yes____No ____

3. As a volunteer in this church, do you agree to abide by the "Six-Month Rule" before beginning a volunteer assignment? Yes _____No ____

4. As a volunteer in this church, 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 in this church, do you agree to promptly report abusive or inappropriate behavior to your Team Leader? Yes ____No ____

6. As a volunteer in this church, do you agree to inform a minister of this church if you have ever been convicted of child abuse? Yes __No ____

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

Signature _____

Date _____