

**Arcola United Methodist Church
Children and Youth Ministry Volunteer Application**

Personal and Confidential

All applicants for any position involving supervision or custody of minors must complete this application.

Name:

Last	First	Middle
------	-------	--------

Current Address:

Phone Number(s):

How long have you attended Arcola UMC?

Are you a member? Yes No

Please list other churches you have attended in the last 5 years:

Please list previous work involving children or youth (church-related and otherwise) and the type of work:

Have you ever been convicted of a crime involving/against a minor? Yes No

If yes, please provide a written explanation:

Please provide 2 personal references (NOT former employers or relatives) that we can contact:

Name:

Email Address:

Name:

Email Address:

Arcola United Methodist Church
Children and Youth Ministry Volunteer Application

I have received and read a copy of the Arcola United Methodist Church Child Protection Policy. I have familiarized myself, at least generally, with the contents of this policy. By my signature below, I acknowledge, understand, accept and agree to comply with the information contained in the Child Protection Policy provided to me by Arcola United Methodist Church. I understand this policy is not intended to cover every situation which may arise, but is simply a general guideline.

The information in this application is correct to the best of my knowledge. I authorize any reference or church listed in this application to provide any information regarding my character and fitness for work with children or youth. In consideration of the receipt and evaluation of this application by Arcola UMC, I hereby release any authorized individual, church, organization, employer, reference, or any other person or organization 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 with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application. I have carefully read the forgoing release and know the contents thereof. I sign this release of my own free will.

By typing my name below, I authorize my electronic signature on this form.

Signature:

Date:

Parent's Signature (if applicant is under age 18):
