

Leader Registration for New Life United Methodist Church

This registration is to be completed by all persons who desire to work on a regular basis with children, youth or vulnerable people in our Church ministries. This registration form is being used to help the Church provide a safe and secure environment for the protection of the Church and all God's people under the care of the Church. * **Indicates mandatory fields. PLEASE PRINT LEGIBLY.** New Life United Methodist Church reserves the right to deny volunteer opportunities to anyone in its sole discretion.

*First Name _____ Middle Name _____ *Last Name _____

*Maiden or Alias _____ *Sex _____ *Date of Birth _____ *SSN _____

*Address _____ City _____ State _____ Zip _____

*Emergency Contact Name _____ Phone _____

How Long At Present Address? _____ Home Phone _____ Cell Phone _____

Previous Address (if at present address less than 2 years) _____

I Am () Adult Occupation _____

Present Employer _____

May We Inquire Of Your Employer? _____

() Student Age _____ Current Grade _____

School _____

Please give us three non-related references we may contact (name and evening phone number):

Name of Church attending and for how long: _____

If not NLUMC, please provide current Church and Pastor that we may contact _____

Volunteer Position Desired: _____

Have You Ever Filled Out An Application To Volunteer Here Before? ____ Yes ____ No If So, When? _____

Position Requested Previously _____

Our church has an open door policy, which means that a parent, volunteer or Church Leader may visit/observe at anytime. Are you comfortable with this atmosphere? ____ Yes ____ No

Our Church requires two Leaders for children/youth activities. Are you comfortable with team teaching? ____ Yes ____ No

Do you have a valid driver's license? ____ Yes ____ No *Driver's License # _____

Do you have driver's liability insurance? ____ Yes ____ No *Carrier Name _____

Have you had a traffic violation within the past 5 years? If yes, specify for what and the date(s) of the ticket(s).

Code of Conduct Form Signed ____ Yes ____ No Guidelines Training Completed or Scheduled ____ Yes ____ No

Have you ever been convicted or having any pending violations of law, felonies, or misdemeanors; other than traffic violations?

____ Yes ____ No | If Yes please describe _____

By signing this form, I am affirming that the above statements I have made are true and factual to the best of my knowledge. I am granting permission for the information provided here to be used as needed for a background check for the expressed purpose of Leader screening.

Applicant's Signature

Parent's Signature if under 18

Date

Pastor Approval

Lead Person Approval

Date

Leader Registration Reference Check – Typically Conducted by Phone

Applicant Name: _____

Reference Name: _____

Reference Address: _____

Reference Phone Number: _____

I am *your name* from New Life United Methodist Church calling to verify information concerning *the above individual*. They have applied to be a Leader at our church in a *specific ministry or capacity*. They have given us permission to contact you as a reference. Would you be willing to please take a few moments to answer five questions? We thank you in advance for your time and response.

1. What is your relationship to the applicant?
2. How long have you known the applicant?
3. Do you have any reservations about this person working with children and other vulnerable persons?
4. How would you describe the applicant's ability to relate to children, youth, other vulnerable persons, and other adults?
5. Do you have any knowledge that the applicant has ever been convicted of a crime?
If so, please describe.

Reference inquiry completed by: _____

Signature

Date

DISCLOSURE AND AUTHORIZATION

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

New Life United Methodist Church ("the Company") may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by agents including but not limited to Trusted Employees and/or ScreenNow. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manners of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by agent including but not limited to Trusted Employees and/or ScreenNow, or another outside organization acting on behalf of the Company. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Last Name _____ First _____ Middle _____

Signature: _____ Date _____

Consumer Information

Last Name _____ First _____ Middle _____

Other Names/Alias _____

Social Security* # _____ Date of Birth* _____

Driver's License # _____ State of Driver's License** _____

Present Address _____ Phone Number _____

City/State/Zip _____

*This information will be used for background screening purposes only and will not be used as hiring criteria

New Life United Methodist Church Code of Conduct

Staff, Leaders and volunteers in our church must uphold Christian values and conduct. The public and private conduct of staff can inspire and motivate people. Responsibility for adherence to this code of conduct rests with the individual.

As a volunteer, I agree to:

- Treat everyone with respect, loyalty, patience, integrity, courtesy, dignity, and consideration.
- Keep focused only on my particular area of expertise.
- Be supervised by and bring any problems, questions, or concerns to a Leader.
- Not engage in physical, psychological, written or verbal harassment or discrimination towards anyone involved in church activities nor tolerate such behavior by others.
- Respect and maintain confidentiality which pertains to anyone involved with the church.
- Be diligent and responsible towards my spiritual health.
- Be competent and proactive in seeking out education and training appropriate with my role and responsibilities.
- Exercise responsible stewardship of resources.
- Complete Guideline training and follow the Safe Sanctuary Guidelines as I have been trained to do.

When working with children or other vulnerable people, I shall:

- Make every attempt to avoid situations where I am alone in the building with any vulnerable people at Church Ministries.
- Support the rights and roles of parents/guardians.
- Use positive reinforcement rather than criticism, competition, or comparison.
- Never use physical discipline or touch anyone inappropriately.
- Report to a Leader any suspected abuse of vulnerable people and cooperate fully in any investigation.
- Do not smoke, use tobacco products, illegal drugs or alcohol, in the presence of vulnerable people and do not procure any of these products on their behalf.
- Do not pose any health risk of any type to any vulnerable person (i.e. fevers or other contagious situations.)
- Do not use profanity, tell inappropriate jokes, or share intimate details of my own life in the presence of children, youth or vulnerable people.
- On overnight trips, I will ensure that youth will never be left alone in an unsafe or unfamiliar environment.

I understand that while volunteering, I am representing the NLUMC and agree to act in accordance with its teachings.

Signature

Date

A copy of this signed Code of Conduct will be placed in the volunteer file for each volunteer.

Safe Sanctuary Training

Please sign this page and return to the Safe Sanctuary Instructor after reading the Safe Sanctuary Guidelines and attending the Safe Sanctuary training. Any questions may be directed to any Leader.

I have read and understand the Safe Sanctuary Guidelines and have attended the Safe Sanctuary training.

Signed: _____

Print Name: _____

Date: _____