

Volunteer Application

Linglestown Life: A United Methodist Church

1430 N. Mountain Rd. Harrisburg PA 17112-1217

Phone 717-545-5200 FAX: 717-651-5038

When the disciples tried to keep the children away from Jesus, he was quick to respond, "Let the children come to me." Jesus taught that children were to be included and provided for within the community of faith. We, the church, may be the only place where some children find the unconditional love and care they so desperately need to grow and thrive. As Christians we must take our responsibilities to our children very seriously.

It is in this spirit that we ask our volunteers to complete the application and any accompanying forms for any position involving the supervision of children under the age of 18. Information contained in this Application is completely confidential and is kept in a locked file, available only to the Pastor and the people who will interview you. It will help *Linglestown Life* to be a "Safe Sanctuary" for all children who participate in our ministries and use our facilities. Our ministries are conducted in the church building, in private homes, and some cases include travel.

Personal Information

Name _____
 Present Address _____
 City _____ State _____ Zip _____
 E-Mail _____
 Day Phone _____ Evening Phone _____
 Occupation _____ Employer _____
 Current job responsibilities _____

Church Activity

How long have you attended *Linglestown Life*? _____ More than 6 months? _____ YES _____ NO
 Are you a member of LLUMC? _____ YES _____ NO Have you been baptized? _____ YES _____ NO

List other churches you have attended or been affiliated with.

Church Name	Address	Phone	Dates attended (Month/years)	Member: yes/no

_____ I am not currently a member of a church.

List all previous church work (paid or volunteer) involving children under 18:

Church Name	Address	Type of Work Performed	Supervisor	Phone	Month/year of Service

List all previous non-church work involving children under 18:

<i>Organization</i>	<i>Address</i>	<i>Type of Work Performed</i>	<i>Supervisor</i>	<i>Phone</i>	<i>Month/year of Service</i>

List any other volunteer experience:

<i>Organization</i>	<i>Address</i>	<i>Type of Work Performed</i>	<i>Supervisor</i>	<i>Phone</i>	<i>Month/year of Service</i>

Tell Us About Yourself

Why would you like to volunteer as a worker with children under age 18?

What qualities or qualifications would you contribute as a volunteer staff member for work with children under 18?

How were you parented as a child?

How do you discipline your children?

What would you do to maintain your spiritual growth as a volunteer?

Statement of Faith (Please state in your own words what you believe about the Christian faith and how your faith works in your life today.)

Other Personal Information

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?

Were you a victim of abuse or molestation? _____NO _____YES (if you prefer, you may refuse to answer this question. Or you may discuss your answer in confidence with the Pastor rather than answering it on this form. Answering yes or leaving the question unanswered will not automatically disqualify you.)

Personal 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. Two persons may be disciples of LLUMC ,but not parents of children you would be working with in ministry.

<i>Name</i>	<i>Relationship to you</i>	<i>Address (including street, city, zip)</i>	<i>Phone</i>

_____ Submit your driver's license for identification.

Children and/or Youth Driver Application

Persons anticipating driving children/youth at LLUMC must complete this section. LLUMC reserves the right to update this information annually.

When a church vehicle is used, all drivers must be on the church's approved list of drivers.

_____ I am on the approved van drivers for Linglestown Life. _____ I am not on the approved list.

When an activity involves transporting children in privately owned automobiles, all drivers must attach and meet the following requirements:

- Submit a current copy of my valid driver's license.
- Submit a copy of my current automobile insurance showing that I meet the minimum standards required by Central PA Conference of the UMC. (\$100,000/\$300,000 Bodily Injury and \$100,000 Property)
- Submit a copy of my PENNDOT Ten Year Driver Record less than 2 months old.

_____ I meet the above requirements to use my personal vehicle to drive children/youth for LLUMC.

_____ I do not meet the above requirements.

_____ Signature _____ Date

I am applying to work with the following (check all that apply):

____ Children/Youth Ministry (Sarah Axtman, Minister of Discipleship for Children & Youth)

____ Children/Youth Music Ministry (Matt Estep, Worship Arts)

____ Nursery School Ministry (Nancy L. Cartwright, Director)

____ Other _____

Applicant's Statement

To the best of my knowledge, the information contained on this application is true and correct. I, the undersigned, give my authorization to Linglestown Life United Methodist Church representatives -- hereafter referred to as The Church -- to verify the information on this form.

I authorize any references or churches listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for working with children under 18. In consideration of the receipt and evaluation of this application by The Church, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature that may at any time result to me, my heirs, or family, because of compliance or any attempts to comply, 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 give my consent to have a clearance completed from the PA State Police and PA Department of Child Welfare if deemed necessary by the Ministry Staff.

Linglestown Life UMC reserves the right to deny or accept any application. Should my application be accepted, I agree to be bound by the policies of The Church, and to refrain from conduct unbecoming to Christ in the performance of my services on behalf of The Church. If I violate these guidelines, I understand that my volunteer status may be terminated. By signing this application, I state that all of the information given about myself is true.

Legible Signature _____ Date _____

Printed Name _____

Covenant Agreement

If I am offered a volunteer ministry position at Linglestown Life United Methodist church, I agree to the following:

1. I have received a copy of the Safe Sanctuaries Policy. ____yes ____no
2. As a volunteer in this congregation, do you agree to observe and abide by all church policies regarding working in ministries with children and youth? ____yes ____no
3. As a volunteer in this congregation, do you agree to observe the "Two-Adult Rule" at all times? ____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 in this congregation, do agree to promptly report abusive or inappropriate behavior to your Ministry Team Leader? ____yes ____no
6. As a volunteer in this congregation, do you agree to inform the minister of this church if you have ever been convicted of child abuse? ____yes ____no
7. I agree to fulfill the commitments listed in my ministry description to the best of my ability. ____yes ____no

I am taking a role of leadership in children/youth ministries. I will do my best to make the situation a place where children/youth grow in their Bible knowledge, their relationships to their friends, and their relationships to their leader, and most of all, their relationship to Jesus Christ. I will be a role model to them, committing myself to teaching at the level of the children/youth I am working with.

I am ready to give this ministry position the time it deserves—including meetings, preparation, teaching time, and follow-up to situations that may require it. If, at any time, I feel that in the best interest of the children/youth I should step out of my position, I will discuss it with my Ministry Team Leader and help to make the transition as smooth as possible.

Signature _____ Date _____

(For office use only)

Interview Date _____ Interviewed by _____ Drivers Application Approved ____Yes ____NO

Signature of Minister of Safe Sanctuaries _____ Driving acceptance/denial letter sent: Date _____

Applicant approved ____YES ____NO Date _____ Safe Sanctuaries acceptance/denial letter sent: Date _____

Form date 2-09