

Volunteer Application to work with Vulnerable Adults

Linglestown Life: A United Methodist Church
1430 N. Mountain Rd. Harrisburg PA 17112-1217
 Phone 717-545-5200 FAX: 717-651-5038

We ask our volunteers to complete the application and any accompanying forms for any position involving vulnerable adults. 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 vulnerable adults who participate in our ministries and use our facilities. Our ministries are conducted in the church building, in private homes, care facilities and in some cases include travel.

Personal Information

Name _____

Present Address _____

City _____ State _____ Zip _____

E-Mail _____

Primary Phone _____ Secondary Phone _____

Occupation _____ Employer _____

Current job responsibilities _____

If retired, list previous job responsibilities _____

Church Activity

___ YES ___ NO Are you a member of LLUMC?

_____ How long have you attended Linglestown Life?

_____ If not a member of LLUMC, which church are you a member of?

_____ I am not a member of a church.

List other churches you have attended or been affiliated with.

Church Name	Address	Phone	Dates

List all previous church work (paid or volunteer) involving vulnerable/older adults:

Organization	Supervisor	Phone	Years of Service

List all previous non-church work involving vulnerable/older adults:

Organization Service	Supervisor	Phone	Years of

List any other volunteer experience:

Organization Service	Supervisor	Phone	Years of

Tell Us About Yourself

Why would you like to volunteer as a worker with vulnerable/older adults?

What qualities do you have that would help you work with vulnerable/older adults?

Special interests, hobbies, and skills

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**, elder 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 elder abuse or neglect?

_____NO _____YES

If yes, how did you feel about the incident?

Were you a victim of elder 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.

Name	Relationship to you	Address (including street, city, zip)	Phone

_____ Submit your driver's license for identification.

Waiver and Consent

I, _____, hereby certify that the information I have provided on this application for volunteer work placement is true and correct. I authorize this church to verify the information I have provided on this application by contacting the references I have listed, by conducting a criminal background check, or by other means, including contacting others whom I have not listed. I authorize the references and others contacted by the church to give you whatever information they may have regarding my character and fitness for the volunteer position for which I have applied. Furthermore, I waive any rights I may have to confidentiality.

In the event that my application is accepted and I begin to work in a volunteer role at Linglestown Life United Methodist Church, I agree to abide by and be bound by the policies of the Linglestown Life United Methodist Church and to refrain from inappropriate conduct in the performance of my duties on behalf of the Linglestown Life United Methodist Church.

I have read this waiver and the entire application and I am fully aware of its contents. I sign this consent freely and under no duress or coercion.

Legible Signature _____ Date _____

Printed Name _____

Covenant Agreement

I am taking a role of leadership in vulnerable adult ministries. I will do my best to make the situation a place where vulnerable adults can 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 vulnerable adult I am working with.

I am ready to give this ministry position the time it deserves—including meetings, training, preparation, 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.

Legible Signature _____ Date _____

Printed Name _____

(For office use only)

Interview Date _____ Interviewed by _____ Printed Name _____

____ YES ____ NO Applicant Approved/Denied

Date _____ Safe Sanctuaries Application acceptance/denial letter sent

Clearance received: ____ State Police FBI, if needed

Minister of Safe Sanctuaries _____ Printed Name _____