



# 2011 Adult Volunteer Application

## Youth Ministries, Holston Conference UMC



Our love of and service to God, the Church and our youth is our calling and vital in helping to build God's Kingdom, sharing Christ Jesus with our youth. Thank you for considering volunteering at our conference youth ministry events. **Please complete both sides.** **Please print clearly.** Use additional paper as needed.

I am applying as a volunteer for the following events:

- \_\_\_\_\_ Conference Council on Youth Ministry (CCYM)
- \_\_\_\_\_ Discovery, a call-to-ministry retreat
- \_\_\_\_\_ Youth at Annual Conference, Lake Junaluska
- \_\_\_\_\_ Youth in Mission – Charleston, SC
- \_\_\_\_\_ Senior High Assembly, TN Wesleyan College
- \_\_\_\_\_ Junior High Assembly, TN Wesleyan College
- \_\_\_\_\_ Other: \_\_\_\_\_

**Full Legal Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Other Names (e.g., maiden, aliases, nicknames): \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_ County: \_\_\_\_\_

Telephone: Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

Cell: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License No. & State: \_\_\_\_\_

Local Church Name: \_\_\_\_\_ District: \_\_\_\_\_

Your Liability Insurance (i.e., policy limits and carrier): \_\_\_\_\_

**Present/Previous Employment (list last 3 positions):**

Dates	Employer	Address/Phone	Position
_____/_____/_____	_____	_____	_____
_____/_____/_____	_____	_____	_____
_____/_____/_____	_____	_____	_____

Previous Holston Conference Youth Ministries **volunteer** experience? If so, what and when? \_\_\_\_\_

**First Aid training?** Yes or No. Date completed: \_\_\_\_\_ **CPR training?** Yes or No. Date completed: \_\_\_\_\_

List relevant particular **skills, hobbies or interests:** \_\_\_\_\_

List all **residence addresses** for the last 7 years (i.e., County):

Address	City	County	State	Dates from	Dates to
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**(Please complete the other side.)**

In an effort to reduce the risk of abuse to our youth and to protect our adult volunteers, we ask that volunteers permit a background check and provide the following information. Please answer 'yes' or 'no'; attach an explanation for each 'yes.'

- Have you had a background check conducted on you in the past 2 years? If yes, by whom? Contact info? If necessary, will you assist us in obtaining a copy? \_\_\_\_\_
- Have you ever been convicted of or pled guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, other crimes of violence, theft, or motor vehicle violations)? \_\_\_\_\_
- 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 children, youth or adults? \_\_\_\_\_
- Within the past 30 days, have you abused alcohol, legal or illegal drugs? \_\_\_\_\_
- Have you ever been reviewed by church and/or secular bodies and been restricted from involvement with children, youth or adults or been restricted from involvement in youth ministry? \_\_\_\_\_
- Have you ever been exposed to an incident of abuse of a child, youth or adult? \_\_\_\_\_

**References:** Please list three personal references (people you have known at least 3 years, who are not related to you by blood or marriage) and provide complete address (i.e., city, state, zip code) and phone information for each. References are confidential.

1. Name: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_ Daytime phone (i.e., area code): \_\_\_\_\_
2. Name: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_ Daytime phone (i.e., area code): \_\_\_\_\_
3. Name: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_ Daytime phone (i.e., area code): \_\_\_\_\_

I certify that to the best of my knowledge, the answers are correct and complete. I understand that misrepresentation or omission of facts in this application may disqualify me from further consideration for volunteering and/or may result in my discharge from volunteering.

I hereby authorize the Holston Conference UMC or its designee to conduct investigations whether the records are of a public, private or confidential nature. I authorize and consent for full release of records (either orally or in writing) to the authorized representatives of the Holston Conference UMC. These investigations might include, but are not limited to, criminal history information of file in local, state or federal agencies; motor vehicle records; verification of records of residence, DOB, SS#, and employment; and contact with any or all of my references, churches, youth organizations, and employers, past and present, to inquire about my past volunteer or job performance, personal character and any other topic deemed relevant by Holston Conference UMC.

I further agree that I will hold those individuals and entities who respond to requests for information harmless for any information they provide as a result of such contact, and release them from liability for the result of such information. I hereby waive any right that I may have to inspect any information provided about me by any person or organization in the course of complying with this authorization.

I understand that as a person in authority at a youth ministry event, it is my responsibility to avoid sexual contact with children, youth and adults, even if the other person attempts to initiate the contact. Under no circumstance will I use corporal punishment as a means of discipline.

I have read the above and agree to it.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_