

**ACTON UNITED METHODIST CHURCH**  
**3343 Fall Creek Highway. Granbury, TX 76049**  
**817-326-4242 • actonumc.org**

**Volunteer Application for Working with Children or Youth**

(Please print all information)

Applicant's full name: \_\_\_\_\_

All other names that have been used by applicant (if any): \_\_\_\_\_

Address: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Town & State of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Issuing License: \_\_\_\_\_ License Expiration Date: \_\_\_\_\_

Occupation (or previous occupation): \_\_\_\_\_

Employer: \_\_\_\_\_

Current job responsibilities and schedule: \_\_\_\_\_

Previous work experience: \_\_\_\_\_

Previous volunteer experience: \_\_\_\_\_

Special interests, hobbies, and skills: \_\_\_\_\_

How many hours per week are you available to volunteer? \_\_\_\_\_ Days \_\_\_\_\_ Evenings \_\_\_\_\_ Weekends

Can you make a one-year commitment to this volunteer role? \_\_\_\_\_

Do you have your own transportation? \_\_\_\_\_

Do you have automobile liability insurance? (List policy limits and name of carrier)

Why would you like to volunteer as a worker with children and/or youth? \_\_\_\_\_

What qualities do you have that would help you work with children and/or youth? \_\_\_\_\_

Would you be available for periodic training sessions? \_\_\_ Yes \_\_\_ No

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, other crimes of violence, theft, or motor vehicle violations)? \_\_\_ No \_\_\_ Yes

If yes, please explain fully:

(Report Continued)

**References:** Please list three personal references (people who are not related to you by blood or marriage) and provide a complete address and phone information for each. References are confidential.

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime phone: \_\_\_\_\_  
Relationship to reference: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime phone: \_\_\_\_\_  
Relationship to reference: \_\_\_\_\_
3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime phone: \_\_\_\_\_  
Relationship to reference: \_\_\_\_\_

**Please answer each of the following questions:**

1. 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
2. As a volunteer in this congregation, do you agree to observe the "Open-Door Rule" at all times?  Yes  No
3. 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
4. As a volunteer in this congregation, do you agree to promptly report abusive or inappropriate behavior to your supervisor?  Yes  No
5. As a volunteer in this congregation, do you agree to discuss with a minister of this congregation your experience, if any, as a survivor of child abuse?  Yes  No  N/A
6. As a volunteer of this congregation, do you agree to inform a minister of this congregation if you have ever been convicted of child abuse?  Yes  No

I, \_\_\_\_\_, have read and agree to observe and abide by the policies set forth by Acton United Methodist Church and hereby authorize Acton United Methodist Church to request the Granbury Police or Hood County Sheriff's department to release information regarding any record of charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is a local, state, or national file, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by state and federal law. I do release said police/sheriff's department from all liability that may result from any such disclosure made in response to this request.

I understand that this information will be used, in part, to determine my eligibility for a volunteer position within the above named organization. I also understand that as long as I remain a volunteer here, the criminal history records check may be repeated at any time. I do understand that I will have an opportunity to review the criminal history and a procedure is available for clarification, if I dispute the record as received by this agency.

I, the undersigned, do, for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify the Acton United Methodist Church of the Weatherford District, and each of their officers, directors, employees, and agents, harmless from and against any, and all cases of actions, suits, liabilities, costs, debts and sums of money, claims, and demands whatsoever, and any and all related attorney's fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become a volunteer.

<b>For Office Use:</b>
<b>Date Checked:</b>
_____
_____

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date