



## Greenville Unitarian Universalist Fellowship

### Volunteer Application for Children & Youth Religious Education

This form must be completed by all persons who wish to volunteer at The Greenville UU Fellowship in any capacity involving the supervision or custody of minors (children or youth under the age of 18). The form must be completed and accepted before working with children or youth for the first time, and updated every three years. Information contained in this form is confidential, and will be stored in a locked file. Contents may be viewed only by authorized persons, on a need-to-know basis.

Full Name \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

How long at this address? \_\_\_\_\_

If less than five years, please provide previous addresses and number of years:

Address \_\_\_\_\_ Years \_\_\_\_\_

Address \_\_\_\_\_ Years \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Places of Employment within the past five years:

Business: \_\_\_\_\_

Position \_\_\_\_\_ Years \_\_\_\_\_

Business: \_\_\_\_\_

Position \_\_\_\_\_ Years \_\_\_\_\_

GUUF member since \_\_\_\_\_

List (names and addresses) other churches you attended regularly during the last five years.

\_\_\_\_\_  
\_\_\_\_\_

What leadership/volunteer experience have you had with children/youth, or in other capacities during the last five years? (Be specific. Please include dates and places, if not at GUUF.)

\_\_\_\_\_  
\_\_\_\_\_

**CONFIDENTIAL INFORMATION**

Auto Insurance Carrier \_\_\_\_\_

Policy # \_\_\_\_\_

Do you have any medical training? Yes No

Are you currently CPR certified? Yes No

Is there any health related reason that could keep you from working effectively with children, or that might cause harm to them? Yes No If yes, please explain.

\_\_\_\_\_

References: (Must be over 18 years old and not related to you. Include at least one professional reference, or one related to your prior work with children or youth.)

Reference 1

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Reference 2

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

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Your answers to the following questions help to ensure the safety and security of our children and youth, and provide legal protection for our church, volunteers, and staff in the event of an incident, or allegations of an incident. All information provided is kept strictly confidential. If you have any concerns regarding any of these questions, please consult with the Director of Lifespan Religious Education or the Pastor.

Have you ever been convicted of or pled no contest to a traffic violation involving a DUI in the last five years? Yes No

If yes, please explain

\_\_\_\_\_

\_\_\_\_\_

Have you been convicted for the possession, use, or sale of illegal drugs? Yes No

If yes, please explain

\_\_\_\_\_

\_\_\_\_\_

Have you been hospitalized for mental illness, or treated for alcohol or substance abuse within the last five years?    Yes    No  
If yes, please explain

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Have you ever been convicted of a felony?    Yes    No  
If yes, please explain

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Have you ever been convicted of, or are you a party to a pending proceeding involving child abuse or neglect?    Yes    No  
If yes, please explain

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Have you been arrested or convicted of any crime of a sexual nature?    Yes    No  
If yes, please explain

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Add pages if needed.

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### **Applicant's Statement**

The information contained in this application is true and complete to the best of my knowledge.

I authorize any references, churches, or other organizations listed in this application to release any information they may have (including employer's opinions) regarding my character and fitness for working with children or youth and I hereby release all such references, churches, or other organizations from liability for damages of whatever kind or nature that may result from furnishing such evaluations to you. I waive any right I may have to inspect any information provided about me by any person or organization identified by me in this application.

Should my application be accepted, I agree to follow the GUUF Child and Youth Behavior Covenant. I understand that any violation of the Behavior Covenant, or misrepresentation of information provided in this application may result in termination of my volunteer service with children/youth at GUUF.

I understand that a Criminal Background Check may be conducted on me, and my signature below indicates that I agree to such a check. I understand that any information which pertains to any record of convictions contained in police files or any criminal or civil file maintained on me, whether national, state, or local, will be released to the Greenville Unitarian Universalist Fellowship. By authorizing GUUF to conduct a background check, I furthermore release any law enforcement agencies, GUUF or those individuals receiving the results of the check from any and all liability resulting from such disclosure.

I acknowledge that I have read the GUUF Child and Youth Protection Policy and have received copies for my personal records.

I further state that I HAVE CAREFULLY READ THIS DOCUMENT, AND I SIGN THIS RELEASE OF MY OWN FREE WILL IN EXCHANGE FOR THE OPPORTUNITY TO SERVE AS A VOLUNTEER AT THE GREENVILLE UNITARIAN UNIVERSALIST FELLOWSHIP.

This is a legally binding agreement, which I have read and understand. I understand that all personal information will be held confidential by the professional church staff.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_