

Glenn Memorial United Methodist Church (Glenn UMC)

Volunteer Children and Youth Workers Profile

We are excited that you are interested in working with the children and/or youth of our church. To protect the children and youth entrusted to our care and for the protection of our volunteers, we ask that each worker who will be involved with these groups (1) complete this application **including** the background check disclosure and authorization form, and sign the form **after reading** Glenn's Child/Youth Protection Policy (available on the church's website www.glennumc.org) **and** (2) attend volunteer training workshops at the church and/or in the community. Thank you.

Legal Name (print): _____
Last First Middle

Employer: _____

Number of years you have been a member or active at Glenn Memorial UMC: _____

Have you previously worked with children or youth at Glenn Memorial UMC?

If you have been attending Glenn Memorial UMC for less than one year, please list prior church affiliations.

List other leader experience with children/youth: (Scouts, School teacher, etc.)

List workshops and training you have received regarding prevention and reporting of child abuse and sexual abuse.

Glenn Memorial United Methodist Church
Background Check Disclosure and Authorization [Confidential]

Legal Name (print): _____
Last First Middle

Other Names Used: _____

Current Address: _____

Previous Addresses: _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number and State of issuance: _____

Telephone Number (home): _____ Cell: _____

I attest that the above information is true and accurate. If any information provided is found to be intentionally misleading or inaccurate, I will be disqualified for employment.

Glenn Memorial United Methodist Church (Glenn) and its designated agents and representatives will request background information in connection with your application for employment. Information will be obtained from public records and various agencies (local, state or national) that may include, but not limited to: verification of social security number, employment history and eligibility, education background, current and previous residences, as well as civil and criminal records and history. If applicable, credit report, driving record, drug testing result and report about worker's compensation injuries will be obtained.

I have carefully read, understand and accept Glenn's Background Check Disclosure and Authorization. By my signature on this document, I give consent to Glenn and its designated agents and representatives to obtain any and all information, verbal or written, necessary to determine my eligibility for employment.

I hereby authorize any federal, state and local agency, employers (past and present), institutions (public or private), information service bureaus, insurance companies or law enforcement agencies, other individuals and sources to provide any and all information regarding me that is requested by Glenn and its agents and representatives.

Signature: _____ Date: _____