

**Orange United Methodist Church
Adult Volunteer Application for Safe Sanctuaries**

This application is to be completed by all adults who regularly volunteer for OUMC sponsored activities with minors or vulnerable adults, or outside organizations using OUMC facilities with minors or vulnerable adults. All background checks will be completed by the OUMC Financial Secretary. Release forms and information obtained will be kept in a locked file in the Financial Secretary's office.

Name (include middle initial): _____ **Date of Birth:** _____

List any other names used: _____

Current Address (include City, State, County) : _____

List all other addresses for the past 10 years : _____

Social Security Number: _____ **Email:** _____

Home: _____ **Cell:** _____ **Business Phone:** _____

Occupation and Current Employer: _____

As a volunteer with OUMC, do you agree to observe all church policies regarding working with minors and vulnerable adults?..... Yes No

Have you ever been convicted of a criminal offense?..... Yes No

Do you have any criminal charges pending?..... Yes No

Have you ever been convicted of child neglect or abuse?..... Yes No

Do you have any charges of child neglect or abuse pending?..... Yes No

Are you an unlawful user of or addicted to any controlled substance? Yes No

Have you ever been adjudicated as a mental defective or been committed to a mental institution? Yes No

Have you terminated your employment or service in a volunteer position, or had your employment or authorization to hold a volunteer position terminated for reasons relating to actual or attempted sexual discrimination, sexual harassment, sexual exploitation, sexual misconduct, physical abuse, or child abuse?..... Yes No

In addition to the above, are there any facts or circumstances involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of children or young people?..... Yes No

Are you willing to provide transportation for minors or vulnerable adults?..... Yes No

List your State and Driver's License number: _____

List two references who are familiar with your character as it relates to working with minors.

Name, Address, Email, Phone, and relationship:

List all churches and locations, you have attended regularly in the past 5 years:

List all organizations through which you have volunteered with minors or vulnerable adults in the past 5 years:

List the ministry areas with OUMC for which you are completing this application in order to serve:

The information contained on this form is true to the best of my knowledge. I have read the Safe Sanctuaries policy and will uphold all of the Safe Sanctuaries policies at all times. As a Safe Sanctuaries approved adult, I will help to hold all other adults accountable to our high standards of providing a safe environment for all minors, vulnerable adults and all volunteers. I will report any violations to the proper staff member. I give permission for OUMC to complete a background check and call references before I am placed on the approved adult volunteer list.

Signature of Applicant

Date