

**Los Altos United Methodist Church
Form for Working with Children or Youth**

Staff _____ Volunteer _____

This form is being used to help LAUMC provide a safe and secure environment for children, youth and leaders who participate in LAUMC programs and use LAUMC facilities. For the protection of both the children/youth and the leaders, it is to be completed by all volunteers for any position involving the supervision or custody of children or youth. The information obtained from this form is for the use of LAUMC only. The confidential information requested in this form will be kept confidential and information requested in this form will be kept confidential and will be provided only to those LAUMC staff who have a need to know the information.

NON-CONFIDENTIAL INFORMATION:

Date: _____

Name: _____
 Last **First** **Middle**

(Identity must be confirmed with a state driver's license or other photographic identification)

Present Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone () _____ **Work Phone ()** _____

Cell Phone () _____ **Email** _____

Date of Birth: _____

Driver's License Number: _____ **State:** _____ **Exp.** _____

- 1. Name of church you currently attend:** _____
List (name and address) other churches you have attended regularly during the past five years: _____

Name: _____

2. List any previous work involving children or youth (list each church's or other organization's name and address, type of work performed, and dates): _____

3. List any gifts, training, education, or other factors that have prepared you for children or youth work: _____

4. List previous residences (for last three years):

Address	City	State
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Personal References (not relatives), preferably related to working with children:

Reference Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
How Long Known: _____ Relationship: _____

Reference Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
How Long Known: _____ Relationship: _____

Reference Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
How Long Known: _____ Relationship: _____

NAME: _____

CONFIDENTIAL INFORMATION:

The confidential portion of this form will be discussed with other members of the staff only upon your written consent.

6. Additional Information:

Have you ever been charged with child neglect or abuse? Yes No
(If yes, please explain below)

Have you ever been charged with any criminal offense involving children or youth? Yes No
(If yes, please explain below)

Have you ever been convicted of or pleaded guilty to a felony? Yes No
(If yes, please explain below)

Do you use illegal drugs? Yes No
(If yes, please explain below)

Other than the above, is there any fact or circumstance involving you, your mental or physical health, or your background that would call into question your being entrusted with the supervision, guidance and care of children or youth? Yes No
(If yes, please explain below)

Is there anything we should know about you that will assist us in supporting you most effectively in your work with children or youth? Yes No
(If yes, please explain below)

LAUMC believes that each person has many gifts and graces to offer. “Yes” answers will not necessarily disqualify you from serving with children or youth. If you prefer to discuss these questions with a member of the pastoral staff prior to answering them, please call for an appointment. Any member of the pastoral staff will be happy to discuss any concerns you have in a totally confidential way.

The information I have provided in the Confidential and the Non-Confidential portions of this form may be verified by contacting persons or organizations named in this form, and persons or organizations who may have information concerning me, including law enforcement agencies. I hereby release and agree to hold harmless from liability (a) any person or organization that provides information in connection with this form and (b) Los Altos United Methodist Church and the officers, employees and volunteers thereof in connection with the verification of any information provided in this form.

By signing this form, I confirm that I have read the Los Altos United Methodist Church Volunteer and Child Protection Policy and Covenant and that I will comply with them when working with children and youth at LAUMC. I understand that I might be required to provide fingerprints to LAUMC. I affirm that the information I have given in this form is true and correct and that if there are any changes I will promptly inform LAUMC.

Signature: _____ Date signed: _____

*March, 2008
On “Shared” file, “Staff Stuff”*