



Alliance United Methodist Church

7904 Park Vista
Fort Worth, Texas, 76137
817-581-1688

SAFE SANCTUARY POLICY FORMS

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ALLIANCE UNITED METHODIST CHURCH

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VOLUNTEER APPLICATION FORM

For all volunteers working with children, youth or vulnerable adults

Name: _____

Street Address: _____ **Apt. #:** _____

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

Phone: (home) _____ (cell) _____

Current church membership: _____

City: _____ **District:**

Pastor: _____ **Phone:** _____

Previous church memberships (in last three years):

What is your vocation/type of employment? _____

What ministries are you applying for: Children's Sunday School Children's Church

Children's Choir Program Nursery Volunteer UMYF (Starting Line)

Vacation Bible School (VBS) Other (explain) _____

Indicate age groups with which you prefer ("P") or have experience ("E") working.

0 - 2 years 3 - 4 years 5 - 6 years Grades 1/2 Grades 3/4

Grades 5/6 Grades 7/8 Grades 9 - 12 College

Do you have training/experience working with special needs children or youth? Please describe:

Please describe/explain your areas of skill or interest which might contribute to children/youth activities (i.e.: worship training, musical skills, arts and crafts abilities, etc.):

Have you ever been convicted of or pleaded guilty to a crime? No Yes

If yes, please explain: _____

(This information will not necessarily keep you from volunteer service at AUMC)

I have read, understand and agree to AUMC's Safe Sanctuary Policies and Procedures. I have nothing in my background that would prevent me from working with children, youth or vulnerable adults.

Signature of Volunteer _____ **Date:** _____

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PRIVATE VEHICLE USE FORM

TODAY'S DATE: _____

EVENT: _____

ORGANIZER: _____

EVENT DATES: _____

DESTINATION(S) (MUST LIST ALL): _____

DRIVER INFORMATION

NAME: _____

ADDRESS: _____ APT#: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

DRIVER'S LICENSE STATE AND NUMBER: _____

AUTO INFORMATION

MAKE: _____ MODEL: _____ YEAR: _____

COLOR: _____ LICENSE PLATE NUMBER: _____

INSURANCE CARRIER: _____ POLICY # _____

OF SEATBELTS AVAILABLE: _____

(See the Safe Sanctuary Transportation Policy)

DRIVER'S SIGNATURE: _____ DATE: _____

BY SIGNING ABOVE, I PROMISE THAT ALL INFORMATION PROVIDED ON THIS FORM IS TRUE AND CORRECT AND I AGREE TO OBEY ALL STATE AND LOCAL TRAFFIC LAWS. I ALSO VERIFY THAT MY VEHICLE IS IN GOOD RUNNING CONDITION.

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MEDICAL RELEASE/PERMISSION FORM

TODAY'S DATE: _____

NAME OF CHILD/YOUTH ATTENDING EVENT: _____

EVENT: _____

ORGANIZER: _____

EVENT DATES: _____

DESTINATION(S) (MUST LIST ALL): _____

I give _____ permission to seek out emergency medical care for my child in the event that I am not immediately available or am unable to do so.

Primary Care Physician: _____

Physician's Phone #: _____

Health Insurance Carrier: _____

Policy Number: _____ Group Number: _____

Allergies or medical conditions (please explain any pertinent details):

Signature _____ Date _____

(Please enclose copy of front and back of insurance card)

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INCIDENT REPORT

(Please print all information.)

DATE OF INCIDENT: _____

TIME OF INCIDENT: _____

NAME(S) AND AGE(S) OF CHILD(REN)/YOUTH INVOLVED:

ADDRESS(ES) OF CHILD(REN)/YOUTH:

LOCATION OF INCIDENT: _____

PARENT(S) OR GUARDIAN(S): _____

NAME(S) OR PERSON(S) WHO WITNESSED THE EVENT:

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

DESCRIBE EVENT AND ACTIONS TAKEN:

SIGNATURE: _____ DATE: _____

BY SIGNING THIS FORM, I ATTEST THAT THIS FORM CONTAINS A TRUE AND ACCURATE ACCOUNT OF THE INCIDENT EVENT DESCRIBED.

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ACCIDENT REPORT

(Please print all information.)

DATE OF ACCIDENT: _____

TIME OF ACCIDENT: _____

NAME(S) AND AGE(S) OF CHILD(REN)/YOUTH INVOLVED:

ADDRESS(ES) OF CHILD(REN)/YOUTH:

LOCATION OF ACCIDENT: _____

PARENT(S) OR GUARDIAN(S): _____

NAME(S) OR PERSON(S) WHO WITNESSED THE EVENT:

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

DESCRIBE EVENT AND ACTIONS TAKEN:

SIGNATURE: _____ DATE: _____

BY SIGNING THIS FORM, I ATTEST THAT THIS FORM CONTAINS A TRUE AND ACCURATE ACCOUNT OF THE ACCIDENT EVENT DESCRIBED.

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SAFE SANCTUARY STAFF/VOLUNTEER CHECKLIST

NAME _____

DATE _____

PLEASE CHECK THE APPROPRIATE BOX

- APPLICATION COMPLETED ----- YES NO
- REFERENCES CHECKED ----- YES NO
- BACKGROUND CHECKED ----- YES NO
- SAFE SANCTUARY TRAINING ----- YES NO
- SEXUAL HARASSMENT PREVENTION CLASS ----- YES NO
- CPR/FIRST AID (If required) ----- YES NO
- VOLUNTEER RECOMMENDED ----- YES NO



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CONSENT

Staff & Volunteer Background Check Form

Last Name _____ First Name _____

Maiden Name _____ Middle Initial _____

Other Names Used _____

Date of Birth _____ Gender _____

Drivers License # _____

Social Security # _____

Address _____

City _____ State _____ Zip Code _____

Phone # _____

Ministry Service Opportunity

(I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS CONSENT FORM, IS TRUE, CORRECT AND COMPLETE. "ALL OFFERS OF EMPLOYMENT/VOLUNTEER ARE CONTINGENT ON APPLICANT'S SUCCESSFUL COMPLETION, AS DETERMINED IN EMPLOYER'S SOLE DISCRETION, OF THIS CRIMINAL HISTORY/BACKGROUND CHECK.")

Print Name _____

Signature _____

Date _____

FOR OFFICE USE ONLY

Date run _____ By _____

Date returned _____ Results reviewed by _____

Additional Comments



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REQUEST FOR BACKGROUND CHECKS

Alliance United Methodist Church is requesting the highlighted checks to be run on the prospective employee/volunteer.

- _____ Criminal History Search (county/local)
- _____ Criminal History Search (statewide)
- _____ Criminal History Search (nationwide)
- _____ Motor Vehicle Drivers Record (county/local)
- _____ Motor Vehicle Drivers Record (statewide)
- _____ Motor Vehicle Drivers Record (nationwide)
- _____ Social Security/Name Trace
- _____ Sex Offender Registry (county/local)
- _____ Sex Offender Registry (statewide)
- _____ Sex Offender Registry (nationwide)
- _____ Credit History Report

After completing each highlighted search please check and initial that the search was completed. Please attach your findings from the searches requested to this page and return to the Staff Parish Relations Committee Chair and/or Senior Pastor of Alliance United Methodist Church.

Thank You,

AUMC Staff Parish Relations Committee



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SAFE SANCTUARY POLICY ACKNOWLEDGEMENT FORM

I, _____, hereby acknowledge that I have read and understand the Alliance UMC Safe Sanctuary Policies and Procedures document fully and completely. By signing this acknowledgement, I agree to abide by and comply with all standards and guidelines set within.

DATE: _____

SIGNATURE: _____

ALLIANCE UMC STAFF SIGNATURE: _____