

Volunteer Children And Youth Workers Profile Glenn Memorial United Methodist Church

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 waiver, and sign the form after reading Glenn's Child/Youth Protection Policy (available on church website www.glennumc.org) and (2) attend volunteer training workshops at the church and/or in the community. Thank you.

Name: _____

Address: _____

How long? _____ Previous address if not resident for two years: _____

Home Telephone: _____ Daytime Phone: _____

Employer: _____

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

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

If you have been attending Glenn Memorial UMC for less than one year, please list prior church or organization 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:

**SEE BELOW FOR REQUIRED WAIVER FOR
BACKGROUND CHECK**

Glenn Memorial United Methodist Church
Request for Nationwide Criminal Records Check

I hereby request (agency) to release any information, which pertains to any record of convictions contained in its files or in any criminal file maintained on me whether local, state or national. I hereby release the stated agency from any and all liability resulting from such disclosure.

Name (printed):

Signature (required):

Maiden name (if applicable):

Print any and all aliases:

Date of birth: _____

Place of birth: _____

Social Security number: _____

Today's Date: _____

Current Address:
