

Attachment 1 – please return the application only to Westminster UMC.

Attn: Donna Yost, at the address below

**TEXAS ANNUAL CONFERENCE
Westminster United Methodist Church
5801 San Felipe
Houston, TX 77057
713-782-7750**

For Staff Use Only – Enter Dates:	
Application Received	
References Checked	
Safe Sanctuary & Train Right Training	
Criminal History Checked	
Paperwork to Conf Office	
Subsequent Chks & Conf Office Notification:	

VOLUNTEER APPLICATION AND CONSENT TO PERFORM CRIMINAL HISTORY/BACKGROUND CHECK IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)

***A copy of your driver’s license must be attached to the application**

Last Name: (Legal)	First Name: (Full Legal)	Middle Name/Initial:
Maiden or any other name(s) used in any and all other records of birth or records of residence:		

Street Address:				
City:	County:	State:	Zip:	
Date of Birth:	Place of Birth (City/St):	SS #:	Gender:	Race:
E-mail:		Emergency Contact (name & phone):		
Driver’s License #	State	Phone (h)	Phone (w)	Phone (c)

Character References - please do not list immediate family or members of Westminster UMC staff				
1) Name:		Full Address:		
Email:		Phone (h):	Phone (w):	Phone (c):
2) Name:		Full Address:		
Email:		Phone (h):	Phone (w):	Phone (c):
3) Name:		Full Address:		
Email:		Phone (h):	Phone (w):	Phone (c):

Westminster program(s) for which you are volunteering:
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Special trainings that might aid in volunteer work:	Days of the week and times you are available:
Please list any health issues which might limit your ability to serve:	
Are you a member of Westminster: <input type="checkbox"/> Y <input type="checkbox"/> N	If yes, # of Years:
If no, please list names and cities of other churches you have attended regularly during the last five years:	
Please list prior volunteer opportunities in which you have been involved (i.e., Boy Scouts, Girl Scouts, Children or Youth Sports, etc):	
Please list any gifts, callings, training, education, or other factors that have prepared you to work with children, youth, or older adults:	

The following are my responses to questions about my criminal history (if any):

1. Have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense? (Exclude minor traffic misdemeanors). If yes, please provide details below.

State:	County:	Date of Offense:
Details of conviction:		

2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal offense? If yes, please provide details below.

State:	County:	Date of Offense:
Details of offense:		

3. Have you ever received probation or community supervision for any federal, state or municipal offense? If yes, please provide details below.

State:	County:	Date of Offense:
Details of supervision:		

4. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? If yes, please provide details below.

Country:	City:	Date of Offense:
Details of conviction:		

5. As of the date of this consent form, do you have any pending charges against you?
If yes, please provide details below.

State:	County:	Date of Arrest:
Details of pending charges:		

Please list all cities, counties, and states of residence since high school graduation or age 18 below:

CITY/TOWN	COUNTY	STATE	COUNTRY

I am applying to be a volunteer or staff person with Westminster United Methodist Church and have been advised that as a part of the application process, the church conducts a criminal history background check. I do hereby consent to Westminster United Methodist Church's use of any information provided during the application process in performing the criminal history check. Westminster United Methodist Church has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to offer volunteer work. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of the church/division. Under the fair Credit Reporting Act, I have been advised that upon request I will be provided the name, address and telephone number of the reporting agency as well as the nature, substance and source of all information.

Additionally, I authorize any references or churches listed in this application to give you any information, including opinions, which they may have regarding my character and fitness for working with children and youth. In consideration of the receipt and evaluation of this application by Westminster United Methodist Church, I hereby release any individual, church, youth organization, charity, employer, reference or any other person or organization, including record custodians, both collectively and individually, their heirs and assigns, from any and all liability for damages of whatever kind of nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

I hereby certify that all information provided in this consent form is true, correct, and complete. All offers of volunteer opportunities are contingent upon applicant's successful completion, as determined in the church's sole discretion, of this criminal history/background check. Should my application be accepted, I have read and agree to be bound by the attached *Child and Youth Safety Policy for Westminster United Methodist Church* and to refrain from conduct in violation of the attached policies in the performance of my services on behalf of the church.

Signed this day of,

APPLICANT (PRINT NAME):

APPLICANT'S SIGNATURE: _____

A copy of a current valid driver's license must be included with this application

Westminster United Methodist Church

Safe Sanctuary Policy

I have read and been trained on Westminster United Methodist Church's Safe Sanctuary Policy.
I commit to uphold the statutes in this document.

Print Name

Participant's Signature

Trainer's Signature

Date