

Date: \_\_\_\_\_

## **Child, Youth, and Adult Volunteer Protection Policy Extensive Contact Screening Application**

*Confidential*

First United Methodist Church  
516 Kellogg Avenue  
Ames, IA 50010  
515-232-2750

The extensive contact\* level of screening application is required for all paid staff and for volunteer positions involving extensive supervision or custody of children, youth, or adults such as:

- Paid staff: clergy, Director of Christian Education, Business and Finance Manager, Administrative Assistant, Custodians, Nursery Workers
- Youth organization leaders
- Children and youth choir directors and accompanists
- Christian education teachers and regular substitutes
- Confirmation mentors
- Additional Supervisors/Chaperones of extended programs (overnight, daylong, weekend or longer)
- Transportation providers, e.g. chauffeurs and bus drivers

The mission of First United Methodist Church is “A Vital Church Connecting People With God and With Each Other.” The purpose of this policy is to assist the church in protecting the physical, mental, and emotional well-being of the children, youth, and adults who participate in church sponsored activities, and to protect volunteers and church staff. It is also in place to ensure prompt and compassionate response to any situations that arise.

### Summary of policies

1. Individuals who have been convicted of either child sexual or physical abuse should not be directly involved with any children or youth in any church-sponsored activity or program.
2. All volunteers should have participated in Ames First United Methodist Church activities for six months or more prior to working with children or youth.
3. The “two-adult” rule must be practiced. This requires that an adult never be alone with a child or youth without an adult partner unless a parent of the child or youth has given prior permission (see “Child, Youth, and Adult Volunteer Protection Policies and Procedures” guideline #3). If youth are helping, two adults must be present.
4. Any behavior toward a child, youth, or adult that seems to be abusive or otherwise inappropriate should be immediately reported to a pastor or the Director of Christian Education. If the inappropriate behavior involves paid staff, it should be reported to the Chair of the Staff-Parish Relations Committee.

\*This application also satisfies the minimal contact screen.

Please answer the following questions. Your responses will be kept confidential.

### **Personal**

Name (last) \_\_\_\_\_ (first) \_\_\_\_\_ (middle) \_\_\_\_\_

All former names \_\_\_\_\_

*Please attach a photocopy of your current state driver's license or other photo identification.*

Present address \_\_\_\_\_

Street\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Home telephone(\_\_\_\_\_) Work(\_\_\_\_\_) Cell(\_\_\_\_\_)\_\_\_\_\_

Do you have a valid driver's license? **Yes**\_\_\_\_\_ **No**\_\_\_\_\_

If yes, please list your driver's license number\_\_\_\_\_

Social Security Number\_\_\_\_\_

Have you been or are you currently serving as a paid or volunteer worker with children or youth in which you have already undergone and met screening requirements? **Yes**\_\_\_\_\_ **No**\_\_\_\_\_

If yes, organization\_\_\_\_\_ Contact Person\_\_\_\_\_

Address\_\_\_\_\_ Phone number\_\_\_\_\_

**Church History and Prior Experience Working with Youth**

Current church membership (name of church, city and state)\_\_\_\_\_

Length of membership (months or years)\_\_\_\_\_

List other churches (names and addresses) you have attended regularly during the past five years.

\_\_\_\_\_  
\_\_\_\_\_

List previous church work involving children, youth, and adults. Include each organization's name, the type of work performed and dates.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List previous non-church work involving children, youth, and adults. Include each organization's name and address, the type of work performed, and dates.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of any offense involving children, youth, or adults - sexual or physical abuse?

**Yes**\_\_\_\_\_ **No**\_\_\_\_\_

If yes, please explain\_\_\_\_\_

\_\_\_\_\_

Have you ever been charged with a criminal offense against a person? **Yes**\_\_\_\_\_ **No**\_\_\_\_\_

If yes, please comment\_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of or pleaded guilty to a criminal offense against a person within the past 10 years

**Yes**\_\_\_\_\_ **No**\_\_\_\_\_ If yes, please comment\_\_\_\_\_

\_\_\_\_\_

**Has a complaint ever been made by anyone against you involving alleged harm or abuse to a child, youth, or adult?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**References**

If applicable:

Current occupation \_\_\_\_\_  
Current employer \_\_\_\_\_ Contact person \_\_\_\_\_  
Length of employment \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

List a person who is familiar with your work with children, youth, or adults.

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

List a First United Methodist church member who supports your application.

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

**Applicant's Statement**

I state that the responses set forth in this application are true under penalty of perjury under the laws of the State of Iowa. I authorize any reference of churches listed in this application to give Ames First United Methodist Church any information that they may have regarding my character and fitness for work with children, youth, and adults. In consideration of the receipt and evaluation of this screening by Ames First 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, from any and all liability for damages of whatever kind or nature that may at any time result to me, my heirs or family, on account of compliance or any attempts to comply with this authorization.

**Should my application be accepted, I agree to be bound by the Child, Youth and Adult Volunteer Protection Policy and Procedures of Ames First United Methodist Church and by the bylaws and policies of Ames First United Methodist Church, and to refrain from abusive or other inappropriate conduct in the performance of my services on behalf of the church. I recognize the right of Ames First United Methodist Church to conduct an investigation including a criminal background check.**

**I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND UNDERSTAND THE CONTENTS THEREOF AND I SIGN THIS RELEASE OF MY OWN FREE WILL. I understand that this is a legally binding agreement.**

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

This form must be completed and returned to the Director of Christian Education, 516 Kellogg Avenue, Ames, IA 50010. Feel free to contact Ames First United Methodist Church pastors to discuss any concerns. You will be notified regarding the status of your application.

Interview Date: \_\_\_\_\_ Training Date \_\_\_\_\_  
Approved Date: \_\_\_\_\_ Unapproved date: \_\_\_\_\_