

**Acton United Methodist Church**  
**Safety Application Form for**  
**Volunteers and Employees**  
**CONFIDENTIAL**

*This application should be completed by all applicants for any position (volunteer or employment) involving the supervision of minor children or vulnerable adults, such as elderly or impaired persons. This is not an employment application. The purpose of this form is to assist in the creation of a safe environment for children, students and vulnerable adults who participate in the programs of Acton United Methodist Church or use Acton United Methodist Church facilities.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

\*Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Drivers License # \_\_\_\_\_

Sex: \_\_\_\_\_ M \_\_\_\_\_ F                      \*Date of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_ (*single, married, separated, divorced, widowed, etc.*)

Are you a member or regular attender of this church? \_\_\_\_\_ If so, for how long? \_\_\_\_\_

How long have you lived at your current address? \_\_\_\_\_

Previous address: \_\_\_\_\_  
\_\_\_\_\_

List all other cities and states where you have lived as an adult:

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

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

Please list the name, address, city and state of other churches you have attended regularly during the past 10 years: \_\_\_\_\_

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Please list *all previous church work* involving children, students or vulnerable populations (impaired, adults, special needs individuals etc.). (List each church's name and address, type of work carried out, dates, and a **contact person** familiar with your work there. **Use back of this page for more space, if necessary.**)

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Please list *all previous non-church work* involving children, students or vulnerable populations. (List each organization's name and address, type of work carried out, dates and a **contact person** familiar with your work there.) \_\_\_\_\_

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List any talents, vocations, preparation, training or other experiences which have equipped you to work with children, students or vulnerable adults:

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Please complete a separate reference form providing one professional reference (if applicable), one personal reference, and one family member. References must include one non-family member and one member of the opposite sex. Please contact these references and inform them an authorized Acton United Methodist Church staff person will be contacting them. **(See Reference Form for Volunteers** attached. References supplied on an Employment Application may take the place of this form for applicants seeking *employment* with Acton United Methodist Church.)

**Because our church cares for our members and our children, and desires to protect them, please answer the following questions. We understand that the answers to these questions may be private and deeply personal, and we will protect your privacy.**

Why do you want to work with children or vulnerable adults at Acton United Methodist Church?

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Do you have a preference concerning the age group or sex of children or students with whom you would like to work? Why?

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What is your philosophy concerning re-direction or discipline of children?

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When you are unhappy, angry or emotional about a person or circumstance, what do you do?

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Have you experienced any significant physical or emotional stresses within the past year, such as the loss of a parent, spouse, or child, extreme ill health, or any emotional or physical crisis? If so, please briefly explain. (Use back of page if necessary.)

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Do you consider yourself to have been physically or sexually abused as a child?  
(This information will be kept entirely confidential.)

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If you were physically or sexually abused as a child, would you consider utilizing church resources to seek healing in this area of your life?

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Have you ever physically or sexually abused a child?

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Has someone ever accused you of abusing a child?

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## RELEASE

I authorize Acton United Methodist Church to contact all individuals, organizations and references listed on this **Safety Application Form** in order to verify the information I have provided to the church. I agree to release from liability any person or organization that provides information concerning me, including those persons I have listed as references, as well as contact persons from my previous church and non-church work, listed on this application.

I specifically authorize the church to undertake a criminal background check concerning my past.

I understand and agree that any information received from the background check and application verification will not be disclosed to me, and I hereby waive any right I may have to inspect any information provided about me by any person or organization identified by me on this form.

By signing this form, I certify and affirm that the information I have given on this form is true, complete and correct in all respects.

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

**Acton United Methodist Church  
3433 Fall Creek Hwy  
Granbury Texas 76049**

*Volunteer's Name:* \_\_\_\_\_

**REFERENCE FORM FOR EMPLOYEES AND VOLUNTEERS**

Name	Address	City and State	Zip Code	Telephone
<i>Personal:</i>				
<i>Professional:</i>				
<i>Family Member:</i>				

*References Required: Each applicant must submit the names and phone numbers of at least one professional reference, one personal reference and one family member. Additional professional references may be submitted if deemed helpful by applicant in allowing Acton United Methodist Church to access applicant's fitness for volunteer position and qualifications. The professional references should be familiar with the quality of the individual's work. One of these references should be a person of the opposite sex.*

# AUMC Volunteer Statements and Agreed Code of Conduct

Please initial each of the following statements:

- \_\_\_\_\_ I declare that all statements contained in my Safety Application Form are true. I understand that any misrepresentation or omission is cause for dismissal from any ministry involvement.
- \_\_\_\_\_ I understand that **my references and contacts** from prior church or non-church work with children, student, or disabled adults will be contacted and that an appropriate **criminal background check** will be conducted. I authorize investigations of all statements contained in this application. I specifically authorize the church to undertake a criminal background check of my past.
- \_\_\_\_\_ I understand that I must be interviewed and recommended by a member of the Acton United Methodist Church Screening and Selection Committee before I begin service as a volunteer in Acton United Methodist Church ministries.
- \_\_\_\_\_ I understand that I can withdraw from the application process at any time.
- \_\_\_\_\_ I understand that Acton United Methodist Church has a policy of ZERO TOLERANCE FOR ABUSE and takes all allegations of abuse seriously. I further understand that Acton United Methodist Church cooperates fully with the authorities to investigate all cases of alleged abuse. Abuse of any kind is grounds for immediate dismissal from my volunteer position and possible criminal charges.
- \_\_\_\_\_ I declare that I am not a pedophile or child molester. I have not perpetrated physical abuse, sexual abuse, emotional abuse or neglect against a child, student or disabled adult, and I have never been accused of these acts.
- \_\_\_\_\_ I understand and agree that false statements regarding past conduct and/or present situations may be grounds for denial of this application to provide volunteer services, and that refusal to inform Acton United Methodist Church of the contents of a sealed criminal record will result in the automatic denial of the application.
- \_\_\_\_\_ If accepted as a volunteer, I agree to read and abide by all Policies and Procedures provided to me by Acton United Methodist Church.

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

For Office Use Only

I have reviewed this application and have noted any missing information.

Screening Committee Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_