

Program for which you are volunteering/applying: _____

Davidson United Methodist Church – Davidson, NC
Screening Form for Working with Children, Youth, or Vulnerable Persons

All applicants for positions involving the supervision or custody of children, youth or vulnerable persons must complete this screening form. Davidson United Methodist Church uses this form to help provide a safe and secure environment for children, youth, or vulnerable persons who participate in its programs.

Complete requested information, sign, and return to:
Davidson United Methodist Church, Attn: Susan Cavasinni, PO Box 718, Davidson, NC 28036

Personal

Last Name: _____ First Name: _____

Middle/Name at Birth: _____ Maiden Name: _____

Names previously used (i.e., previous marriages): _____

Dates used: _____

Nickname(s): _____ Dates used: _____

Date of birth: _____ Social Security Number (required): _____

Marital Status: Single Separated Married Divorced

Title used (i.e., "Dr."): _____

**Attach a copy of your
driver's license or other
photographic identification.**

Present address: _____

City: _____ County: _____

State: _____ Zip: _____

Phone (H): _____ (W): _____

E-mail: _____

How long have you been at this address? _____

Previous address (include street or mailing address, city, county, state, and zip).

How long were you at this address? _____

Please answer the following questions:

1. Have you ever been arrested or convicted of or pleaded guilty to a crime? Yes No
2. Have you ever been charged with or convicted of child, youth, or vulnerable persons neglect or abuse? Yes No
3. Has anyone ever made any complaints or allegations of misconduct involving children, youth, or vulnerable person against you? Yes No
4. Have you been arrested or convicted of the possession, use, or sale of drugs? Yes No
5. Within the past 90 days, have you abused alcohol or legal drugs? Yes No
6. Within the past 90 days, have you used any illegal drugs? Yes No
7. Have you been arrested or convicted or pleaded guilty to a traffic offense within the last 5 years? Yes No
8. Have you ever been investigated, arrested, or charged with a sex offender crime, or crime involving children, youth, or vulnerable persons in any respect? Yes No

Current driver's license – state and number: _____

If you answered "yes" to any of the above questions, please indicate the question's number (i.e., "5.") and explain below.

Do you have any health related condition(s) that would keep you from effectively working with or cause any potential harm to children, youth, or vulnerable persons? Yes No

If you answered "yes" to the above, please describe below.

Church History and Prior Children/Youth/Vulnerable Persons Work

List any other churches you have attended regularly during the past 5 years:

Church Name: _____

City: _____ State: _____ Phone: _____

Church Name: _____

City: _____ State: _____ Phone: _____

List church work at your former churches listed above involving children, youth, or vulnerable persons.

Include name of program staff person to whom you reported.

List previous non-church work involving children, youth, or vulnerable persons. Please be specific.

List any special skills, training, education, or other factors that you have relevant to volunteering with children, youth, or vulnerable persons.

Do you have any medical training, or are you either First Aid or CPR certified?

References

If you have previously worked with children, youth, or vulnerable persons, list references familiar with your work. Our order of preference is previous church, employer, or personal. If you have not worked in the past with children, youth, or vulnerable persons, references still need to be provided. Please do not list family members. An e-mail address is REQUIRED for each reference.

Name: _____

Address: _____

Phone: _____

E-mail: _____

Name: _____

Address: _____

Phone: _____

E-mail: _____

Applicant's Statement

The information contained in this application is correct to the best of my knowledge. I authorize any references, churches, or other organizations listed herein to give DUMC information they may have regarding my character and fitness for working with children, youth, or vulnerable persons, and I release all references from liability for damages of whatever kind that may result from furnishing such evaluations to DUMC. I waive my right to inspect any information provided about me by these references.

I have received and read the Safe Sanctuary Policy of Davidson United Methodist Church and agree to abide by all the safeguards provided within.

I have not been convicted of a child/youth/vulnerable persons sexual/physical abuse crime. I have not been nor am I currently involved in any abuse of a minor.

I authorize DUMC to obtain a criminal records check on me and rerun at DUMC discretion while serving as a volunteer with children, youth, or vulnerable persons. I authorize all state, federal, and local law enforcement agencies to release to DUMC any information they maintain in their records about me, and I release the law enforcement agencies, DUMC, and the individuals receiving the information from any liability resulting from such disclosure.

I HAVE CAREFULLY READ THE ABOVE RELEASE AND KNOW THE CONTENTS THEREOF, AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand.

(Signature)

(Date)

Updated February 2021