

**FIRST UNITED METHODIST CHURCH OF CORVALLIS**

1165 NW Monroe Ave.  
Corvallis, OR 97330  
541.752.2491

**Children/Youth/Vulnerable Adult Annual Ministry Application Renewal for  
VOLUNTEERS AND EMPLOYEES**

This application should be completed in ink or typewritten.  
(Use additional paper if necessary)

Name: \_\_\_\_\_ Daytime telephone: \_\_\_\_\_

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

Age range:  under 18       18-25       over 25

In which children/youth/vulnerable adult program(s) are you seeking to become involved?

In what other program(s), if any do you plan to become involved?

**Within the last year --**

- |   |     |    |
|---|-----|----|
| Have you abused alcohol, legal or illegal drugs?  | YES | NO |
| Have you been convicted of, or pled no contest to, a crime?   | YES | NO |
| Is there any circumstance involving you or your background that would call into question your being entrusted with the supervision and care of children, youth or adults? | YES | NO |
| Have you been convicted of, or pled no contest to, any form of child abuse?   | YES | NO |
| Has your driver's license been suspended or revoked ?   | YES | NO |
| Have you been restricted by church and/or secular bodies from involvement with children, youth, Youth Ministries, or Camp and Retreat Ministries?                         | YES | NO |

If the answer to any of these questions is "Yes" please explain in detail.  
(Please attach additional pages if more space is needed)

**Applicant Verification and Release**

I attest and affirm that all of the information that I have provided is absolutely true and correct.

I acknowledge that I have reread the Safe Sanctuary Policy of the First United Methodist Church of Corvallis.

I agree to abide by all policy and procedures of the organization, and to protect the health and safety of the children or youth at all times.

Printed name: \_\_\_\_\_

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

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