

FIRST UNITED METHODIST CHURCH OF CORVALLIS

1165 NW Monroe Ave.
Corvallis, OR 97330
541.752.2491

Ministry Application and Disclosure Form

Name _____
(First Middle Last)

Home Street Address _____

City _____ State _____ Zip _____

Other names by which known _____

Home Phone _____ Business Phone _____

Cell Phone _____

E-mail address (if applicable) _____

Please answer the following questions and attach an explanation for any "YES" answer. Any special concerns can be discussed individually with the person in charge of the event.

Within the last year have you abused alcohol, legal or illegal drugs? YES NO

Have you ever 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 ever been convicted of, or pled no contest to, any form of child abuse? YES NO

Has your driver's license been suspended or revoked within the past 3 years? YES NO

Have you ever been restricted by church and/or secular bodies from involvement with children, youth, Youth Ministries, or Camp and Retreat Ministries? YES NO

Please list two persons, preferably those who have observed your work with children or youth, and who could serve as references:

Name: _____

Address: _____

Phone No. _____

Relation to Applicant: _____

Name: _____

Address: _____

Phone No. _____

Relation to Applicant: _____

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I, _____, understand that:
(print your **Full Legal** name)

Employment may be denied to any person who answers “YES” to any one of the disclosure questions. If hired and the employer later discovers circumstances that would indicate a “YES” answer to any of the above questions, employment may be terminated immediately.

The information provided on this form is subject to verification, including a criminal history check and search through any Central Registry of sexual offenders.

The employment or volunteer service of any person may be terminated if that person is found, regardless of when discovered, to: have a history of complaints of abuse of a minor; have resigned, been terminated or been asked to resign from a position whether paid or unpaid, due to complaint(s) of sexual abuse; and/or have falsified or omitted information on this disclosure statement.

If applicable:

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

- Education _____
- Youth Ministry _____
- Music _____
- Other _____

What skills would you bring to the children/youth program?

What other children/youth work experience do you have?

Organization	Program	Dates	Contact

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This disclosure form is to be updated yearly via an annual renewal application.

Furthermore, I certify that the information I have provided on this Disclosure Form is true and correct. I authorize the verification of the information I have provided by contacting the references I have listed, by conducting a criminal records check, or by other means, including contacting persons I have not listed. I authorize the references to give you whatever information they may have regarding my character and fitness for the job or role for which I have applied.

Upon being accepted as a paid staff person or a volunteer for a church sponsored event, I agree to abide by and be bound by the Safe Sanctuary Abuse Prevention Policy of the First United Methodist Church of Corvallis and to refrain from inappropriate conduct in the performance of my duties.

I authorize First United Methodist Church of Corvallis to request the local, state or federal police/sheriff's department or any entity chosen by the Church specifically for conducting this search to release information regarding any record of charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is a local, state, or national file, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by state and federal law. I do release said police/sheriff's department and other entities from all liability that may result from any such disclosure made in response to this request.

Signature of Applicant _____ Date _____

Date of Birth _____ Place of Birth _____

Do you have a current driver's license? Issuing State _____ License No. _____
If a volunteer are you willing and able (have insurance, etc.) to drive to some events? _____

Signature of Minor's Parent/Guardian _____ Date _____

*From the Safe Sanctuaries Abuse Prevention Policy of the First United Methodist Church of Corvallis:

Careful screening can be important to the prevention of abuse. It provides some assurance that the most reliable, committed and experienced staff and volunteers are in place for every program that involves children, youth, and vulnerable adults. The following are the MINIMUM standards:

1. All adults, volunteer or staff persons, who have regular and direct contact with children, youth, and vulnerable adults shall be required to complete the Ministry Application and Disclosure Form.
2. Minimum background screenings shall include:
 - a) Reference checks from Ministry Application Form.
 - b) Review of the Oregon lists of sexual offenders, or State or National criminal background checks.
3. The policy shall be implemented in the following manner:
 - a) All staff persons and volunteers, who have regular and direct contact with children, youth and vulnerable adults will submit to the screening procedures.
 - b) The screening procedure shall be repeated every three years.
 - c) All records are confidential and will be maintained for a period of at least five years.