

APPENDIX I CHILD/YOUTH PROTECTION WORKER APPLICATION

Full Name: _____

Home Address: _____

Daytime Phone: _____ Evening Phone: _____

E-Mail Address: _____

Occupation: _____

Employer: _____

Current Job Responsibilities: _____

Previous Experience with Children/youth: _____

Special Interests, Hobbies, Skills: _____

Availability to Work? (Check One or More)
Days: _____ Evenings: _____ Weekends: _____

Can You Make a One-Year Commitment? Yes or No

Do You Have Your Own Transportation? Yes or No

Do You Have a Valid Driver's License? Yes or No; If Yes Please Provide Your License Number:

Initial here that we have your permission to check and obtain a report of your driving record and to share that information with those persons who will act on this Application?

_____ Yes _____ No _____ Initials _____ Date initialed: _____

Why Do You Want To Work With Children/Youth? _____

What Gifts, Education, Training, or Interests Do You Have That Would Help You Work With Children/Youth?

What are your views on appropriate ways to discipline?

Have you ever been charged with, convicted of, or plead guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, or other crimes of violence, theft or serious motor vehicle violations)? Yes or No

If "Yes" explain:

Have you ever had to deal with a child abuse situation in any way, including being abused, being accused of abuse, knowing someone who was abused, etc.? Yes or No

If Yes, please explain: _____

If Yes, what was your role: _____

References: Please list three personal references (i.e., people who are not related to you by blood or marriage) and provide a complete address and phone number for each.

Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Relationship to Applicant: _____

Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Relationship to Applicant: _____

Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Relationship to Applicant: _____

Do we have your permission to contact these references as well as anyone else in order to obtain information about you for the purpose of considering you for a position of one who would work with children and / or youth? _____ Yes _____ No _____

Do we have your permission to share this information with those persons who will participate in acting on this Application? _____ Yes _____ No _____

Date: _____

Signature of Applicant

APPENDIX IV

AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS CHECK

I, _____, HEREBY AUTHORIZE the _____
United Methodist Church to request any local, state or federal law enforcement department or agency to release information regarding any record of any investigations, 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 local, state and federal law. I release any and all law enforcement departments, agencies, and their employees from all liability that may result from any such disclosure made in response to this request. I also give my permission for this information to be shared with those persons who will participate in making decisions with respect to my application.

You are authorized to rely upon a photocopy or fax copy of this document.

Signature of Applicant Date

Print applicant's full name: _____
Print all other names that have been used by applicant (if any):

Date of birth: _____ Place of birth: _____

Social Security number : _____

Driver's license number: _____ State in which license was issued: _____

License expiration date: _____

Request sent to: _____
Name: _____

Address: _____
Phone: _____

APPENDIX V

PARTICIPATION COVENANT STATEMENT

The congregation of _____ Church is committed to providing a safe and secure environment for all children, youth, and volunteers who participate in ministries and activities sponsored by the church. The following policy statement reflect our congregation’s commitment to preserving this church as a holy place of safety and protection for all who would enter and as a place in which all people can experience the love of god through relationships with others.

No adult who has been convicted of child abuse (either sexual abuse, physical abuse, or emotional abuse) should work with children or youth in any church-sponsored activity.

All adults involved with children or youth of our church must have been active participants of the congregation for at least six months before beginning a volunteer assignment.

All adults involved with children and youth of our church shall observe the Child Protection Policy at all times.

All adults involved with children and youth of our church shall attend regular training and educational events provided by the church to keep volunteers informed of church policies and laws regarding child abuse.

All adults involved with children and youth of our church shall immediately report to their supervisor any behavior that seems abusive or inappropriate.

Please answer each of the following questions:

1. Do you agree to observe and abide by all church policies regarding working in ministries with children and youth? ___ Yes No ___

I have read this Participation Covenant, and I agree to observe and abide by the policies set forth above.

Signature of Applicant _____ Date _____

APPENDIX VI
(Church Name & Address)

PARENTAL CONSENT AND MEDICAL AUTHORIZATION

Name of child/youth: _____ Grade: _____ Age: _____

Address: _____
Street/Apt Number City Zip code

Daytime Phone Number: _____ Evening Phone Number: _____

As the parent (or legal guardian) of: _____
Child/Youth's Name

I understand that my child/youth will be participating in a number of activities for the calendar year _____, which carry with them a certain degree of risk. Some of the activities are swimming, boating, hiking, camping, field trips, sports and other activities which the church may offer. I consent for my child to participate in these activities.

Please indicate any restrictions on your child's/youth/s activities:

_____ I represent that my child/youth is physically fit and has the necessary skills to safely participate in these activities.

_____ I represent that my child/youth has restrictions on the following particular activities:

_____ I also understand and give consent for my child to travel to and from these events in transportation provided by volunteer drivers.

MEDICAL TREATMENT AUTHORIZATION

It is my understanding that the Church will attempt to notify me in care of a medical emergency involving my child/youth. If the church cannot reach me, then I authorize the church to hire a doctor or health-care professional, and I give my permission to the doctor or other health-care professional, to provide the medical services he or she may deem necessary. I will pay for any medical expenses so incurred.

I will notify the church if I feel there are any health considerations that would prevent my child/youth's participation in any of the activities listed above.

Allergies or other health considerations:

Insurance Company: _____ Policy/Group # _____

Signature of Parent or Guardian _____

Notary Stamp/Seal, Date and Signature

APPENDIX VII

Child\Youth Protection Incident Report Form

Reason for report: _____

Date-of-incident: _____ Time: _____

Place of incident: _____

Name of reporter: _____ Title: _____

Name(s) of Child(ren)/Youth: _____ Age(s): _____

Briefly describe what happened:

Were there any witnesses? ___ Yes ___ No ___ If Yes, list.

What action did you take?

Has the incident been resolved?: ___ Yes ___ No Explain:

Have the following people been notified?

Pastor	_____	Bishop's Office	_____
Parent	_____	Police	_____
SPRC Chairperson	_____	Sheriff	_____
District Superintendent	_____	Other	_____

Signature of reporter: _____ Date: _____

Report submitted to: _____

Appendix VIII

Emergency Contact Information

Appointed clergy and supply pastors: _____

Chairperson of SPRC: _____

Director of Christian Education: _____

Director of Youth Ministries: _____

District Superintendent: _____

Town Police Department: _____

Town Sheriff's Department: _____

County Child Abuse Reporting: _____

Florida Child Abuse Hotline: 1-800-96 ABUSE (1-800-962-2873)

Florida Conference Department for Ministry Protection 1-800-282-8011

Florida Conference Communications / Media Office: 1-800-282-8011

Appendix IX

Photo Permission

**Photo Permission FOR CHILDREN, YOUTH and ADULTS
OF _____ UNITED METHODIST CHURCH
[Church Address]**

I give permission for still or video pictures of my child to be used for promotional purposes.

I do not give permission for still or video pictures of my child to be used for promotional purposes.

Signature of **PARENT OR LEGAL GUARDIAN OF CHILD/YOUTH (if under 18 years of age)**

I give permission for still or video pictures of myself to be used for promotional purposes.

I do not give permission for still or video pictures of myself to be used for promotional purposes.

Signature of **ADULT (if 18 years of age or older)**