

FAIRPOINT CAMPUS
SOUNDSIDE CAMPUS

CHILDREN _____ YOUTH _____ RECREATION _____
CHILDREN _____ YOUTH _____ RECREATION _____

GULF BREEZE UNITED METHODIST CHURCH VOLUNTEER APPLICATION

This application is to be completed by all those desiring a ministry position involving the supervision or custody of minors. It is used to help the church provide a safe and secure environment for the children who participate at GBUMC.

Legal Name: _____ Nickname: _____
Last First Middle

Address: _____
Street City State Zip

How long at this address? _____ If less than five years, give previous address and number of years below:

Previous address: _____

Male Female Birthday: ____/____/____ Home phone: (____) _____

Cell / Pager: (____) _____ Work Phone: (____) _____

Social Security # _____ Driver's License #: _____ Expires: _____

Email address: _____

Marital status: _____ Spouse's Name: _____ # Children _____ Ages: _____

Emergency Contact: _____ Phone Number: _____

Occupation: _____ Place of Employment _____ Number of Years: _____

Employment history of last five years:

Employer's name: _____ Phone: _____

Employer's name: _____ Phone: _____

Employer's name: _____ Phone: _____

Do you have a personal relationship with Jesus Christ? _____ Briefly describe: _____

How long have you attended GBUMC? _____ Are you in a small group? _____

List any leadership/volunteer experience you have had with children: _____

List any training or education that has prepared you to work with children: _____

List any other GBUMC ministries in which you are involved: _____

For Children & Youth Volunteers

Age/Grade preference: _____

Hour preference:

Midweek	Sunday 9:30	Sunday 9:00	Saturday 6:00
Special Events	Sunday 11:00	Sunday 10:30	

Local Personal References (Must be 18 years old and not related to you)

Name: _____ Relationship: _____

Address: _____ Phone: _____

Email address: _____

Comments (staff use): _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Email address: _____

Comments (staff use): _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Email address: _____

Comments (staff use): _____

The questions below are part of the process to help provide a safe and secure environment for our children. All information is held strictly confidential by the ministries staff. It is our desire to work with you to find a ministry that is fulfilling and suited to your strengths and experiences:

Have you had any experiences that might make it difficult for you to minister to children at GBUMC? _____

Have you ever used illegal drugs? _____

Have you ever been hospitalized, treated for, or struggled with alcohol or substance abuse? _____

Have you ever been charged with a misdemeanor or felony? _____

Are you engaged in any conduct that that is contrary to the teachings of the Bible? _____

Do you have any health issues that could place the children of GBUMC at risk? _____

Have you ever been denied legal custody of your children in any legal proceedings including divorce decrees or settlements? _____

We conduct a police background check on all applicants. Do you have any objections? _____

If you answered yes to any of the above questions, please explain briefly: _____

APPLICANT'S STATEMENT

I hereby authorize Gulf Breeze United Methodist Church to verify all information contained in this application with any references, my past or present employers or any other appropriate personnel at my present or past employers, churches or other organizations and any individuals to disclose any and all information to Gulf Breeze United Methodist Church. I release all such persons or entities from liability that result or arise from Gulf Breeze United Methodist Church's collections of all such evaluations or information or its consideration of my application.

GULF BREEZE UNITED METHODIST CHURCH LEADER'S COVENANT

Having committed to our leadership ministry and the habits essential for spiritual maturity and having attended a children's and youth leader orientation, I will commit to:

- Read and practice the security measures in place at Gulf Breeze United Methodist Church.
- Prepare for ministry by growing in my personal relationship with Christ.
- Pray for the ministries staff and the children or youth in my class.

Should my application be accepted, I agree to follow the policies of Gulf Breeze United Methodist Church and to refrain from unscriptural conduct in the performance of my service on behalf of the church. I understand that the personal information will be held confidential by the church staff.

Applicant's Signature _____ Date _____

(Check list to be completed by Staff)

Name _____ Orientation Attended _____

Email to Staff _____ CDROM Clearance _____ DOJ Clearance _____ FBI Clearance _____

Interview Date _____ By _____

Reference Checks _____

Work Reference _____

Placement _____ Hour/Age _____ Postion _____

Comments _____

Start Date _____ End Date _____

Reason for Leaving _____

DISCLOSURE AND AUTHORIZATION TO RELEASE INFORMATION

I understand that in connection with my application for employment, promotion, or as a volunteer, a background check may be requested. This report may contain information as to my character, general reputation, personal characteristics or mode of living.

I authorize and request any former employer, school, law enforcement agency, government agency or other persons having personal knowledge about me to furnish Data Facts with any and all information in their possession regarding me.

I understand and offer my consent for Data facts to inquire and/or obtain any records such as previous employment, references, educational, motor vehicle records, workers compensation, drug and alcohol results, and criminal histories.

I acknowledge that a photocopy or fax of this authorization will be accepted with the same authority as the original.

I understand that my consent will apply throughout my employment or volunteer status, to the extent permitted by law. I have read and understand this disclosure and consent form.

Signature of Applicant

Date

Applicant's Full Name (please print)

Please print other names you have used.

Driver's license number and state issued

Social Security #

Date of birth

Current Address City/State Zip County Length at Address

Former Address City/State Zip County Length at Address

Former Address City/State Zip County Length at Address

Former Address City/State Zip County Length at Address

WE NEED ADDRESSES FOR THE PAST SEVEN YEARS.