

ALDERSGATE UNITED METHODIST CHURCH
3600 75th STREET
URBANDALE, IA 50322-3096
515-278-0466

SCREENING FORM A
Application for Regular On Going and High Risk Positions
For All Adult Workers

This application is to be completed for any position involving supervision or custody of minors. This information will be kept confidential and is to be used for the sole purpose of helping the church provide a safe and secure environment for those children and youth who participate in our programs and use our facilities.

INDICATE AREAS IN WHICH YOU ARE INTERESTED:

- | | | |
|---|---|--|
| <input type="checkbox"/> Sunday School Teacher | <input type="checkbox"/> Confirmation Teacher | <input type="checkbox"/> Overnight Chaperone |
| <input type="checkbox"/> Sunday School Helper | <input type="checkbox"/> Confirmation Parent Leader | <input type="checkbox"/> Youth Leader |
| <input type="checkbox"/> Sunday School Superintendent | <input type="checkbox"/> Transportation | <input type="checkbox"/> Music Leader |
| <input type="checkbox"/> Wondrous Wednesday Helper | <input type="checkbox"/> Chaperone | <input type="checkbox"/> Other _____ |

Today's Date _____ Date of Birth _____ Current Age _____

Print Name _____

Print Current Address _____ Phone _____

City _____ State _____ Zip _____

Email _____

Employer _____ Phone _____

Length of current employment _____ Supervisor _____

Date of last CPR or First Aid certificate (if applicable) _____

Yes **No** Do you have a valid Iowa Driver's license? License Number _____

Yes **No** Have you or are you currently serving as paid/or volunteer worker with children or youth in which you have already undergone and met screening requirements? If yes, with whom?

Yes **No** Have you any physical limitations you believe prevent you from doing certain types of activities?

Yes **No** Have you ever been convicted of, or plead guilty of a criminal offense against a person?
A "yes" necessitates a criminal records check; please explain. **(Please indicate if you wish to speak with a member of the professional church staff.)**

Yes **No** Have you ever been convicted of, or plead guilty to sexual abuse or assault? If yes, please explain.
(Please indicate if you wish to speak with a member of the professional church staff.)

Yes **No** Have you ever been placed on a child abuse registry anywhere?

Date of Child & Youth Safety Video Orientation (**Mandatory to view**) _____

Volunteer (or paid) position _____ Date starting _____

Church History and Prior Experience

Date of membership at Aldersgate United Methodist Church _____

If not a member, how long have you been attending? _____

If not a member, list other church affiliation _____

Volunteer activities at Aldersgate United Methodist Church

Check below all other childcare, teaching, or other child/youth work you have been involved in at Aldersgate.

- SS Superintendent Nursery Youth Fellowship Small Groups After-School Programs
- SS Teacher Childcare Bells Overnights Weekday Helper
- Substitute VBS Choir Camp ASP
- Other _____

REFERENCES

PLEASE DO NOT INCLUDE CHURCH STAFF AND DO NOT INCLUDE RELATIVES!

Please list persons who are familiar with your work with children and/or youth. At least one of these references must be an Aldersgate United Methodist Church member. **If you are not an Aldersgate member, please list the pastor of your most recent church. (If you do not have a prior pastor, please see the Christian Education Director to discuss in person.)**

Please be sure addresses are complete. Incomplete addresses will be returned to you for completion.

Name _____ Telephone (____) _____

Address _____ Relationship _____

City _____ State _____ Zip _____

Name _____ Telephone (____) _____

Address _____ Relationship _____

City _____ State _____ Zip _____

Name _____ Telephone (____) _____

Address _____ Relationship _____

City _____ State _____ Zip _____

APPLICANT'S WAIVER AND CONSENT

The information contained in this application is current to the best of my knowledge. I authorize any references or churches listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for children or youth work. I further authorize Aldersgate UMC to conduct a criminal background check as well as the sex offender registry and the child abuse registry. In consideration of the receipt and evaluation of this application by Aldersgate United Methodist Church, I hereby release any individual, church, youth organization, charity, employer, reference or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of any kind or nature which may at anytime result to me, my heirs, or family, on account of compliance or any attempts to comply with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

Should my application be accepted, I agree to be bound by the **child and youth safety policy** of Aldersgate United Methodist Church and to refrain from unscriptural conduct in the performance of my services on behalf of the church. I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THE RELEASE AS MY OWN FREE ACT.** This is a legally binding agreement, which I have read and understand.

***MANDATORY SIGNATURE AND WITNESS SIGNATURE**

***Applicant's Signature** _____ **Date** _____

***Witness Signature** _____ **Date** _____

Witness signature is mandatory – please complete before submitting this form!

**ALDERGATE UNITED METHODIST CHURCH
 CONSENT TO PERFORM INVESTIGATIVE CONSUMER REPORT
 IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)**

Last Name	First Name	Middle Name or Initial
-----------	------------	------------------------

Maiden or other name(s) used in any and all other records of birth or records of residence.

* Address	Apartment or #
-----------	----------------

City	County	State	Zip
------	--------	-------	-----

** Date of Birth	Social Security Number	**Gender	**Race
------------------	------------------------	----------	--------

***AS SHOWN ON THE ORIGINAL APPLICATION
 **TO BE USED FOR CRIMINAL HISTORY CHECKS ONLY AND NOT A PART OF THE PERSONNEL
 FILE.**

In connection with my application for employment, my continued employment, or in connection with my desire to engage in volunteer activities, I have been advised and I hereby consent and authorize the Employer and its agent, at any time during or subsequent to my application process, to conduct an investigative consumer report that may include, but are not limited to, a criminal record check, employment and education verifications, personal references; personal interviews; my personal credit history; and driving record. I do hereby consent to Employer's use of any information provided on this form or during the application process in performing the investigative consumer report. Employer has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to offer employment. I agree to release, indemnify and hold harmless Employer and any reporting agency Employer uses with regard to any information reported by the reporting agency. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained from a consumer reporting agency. If so, I will be notified and given the name, address, and phone number of the agency which provided the information. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of Employer. Under the Fair Credit Reporting Act, I have been advised that upon request I will be provided the name, address and telephone number of the reporting agency as well as the nature, substance and source of all information. I acknowledge that facsimile, copy or email shall be as valid as the original.

The following are my responses to questions about my criminal history (if any).

1. YES NO Have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense? (exclude minor traffic misdemeanors).
 If yes, please provide details below.

State: _____ County: _____ Date of Offense: / /

Details of conviction:

2. YES NO Have you ever received deferred adjudication or similar disposition for any federal, state or municipal offense?
 If yes, please provide details below.

State: _____ County: _____ Date of Offense: _____

Details of offense:

3. ___YES ___NO Have you ever-received probation or community supervision for any federal, state or municipal offense? If yes, please provide details below.

State: _____ County: _____ Date of Offense: _____

Details of supervision:

4. ___YES ___NO Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? If yes, please provide details below.

Country: _____ City: _____ Date of Offense: _____

Details of conviction:

5. ___YES ___NO As of the date of this consent form, do you have any pending charges against you? If yes, please provide details below.

State: _____ County: _____ Date of Arrest _____

Details of pending charges:

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE HIGH SCHOOL GRADUATION OR AGE 18.

CITY/TOWN	COUNTY	STATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS CONSENT FORM IS TRUE, CORRECT AND COMPLETE. IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE, I UNDERSTAND THAT GROUNDS FOR CANCELING OF ANY AND ALL OFFERS OF EMPLOYMENT WILL EXIST AND MAY BE USED AT THE DISCRETION OF THE EMPLOYER.

Signed this _____ day of _____, _____.

APPLICANT (PRINT NAME) _____

APPLICANT'S SIGNATURE _____

**ALDRSGATE UNITED METHODIST CHURCH
3600 75th STREET
URBAN DALE, IA 50322-3096
515-278-0466**

**CONSENT AND RELEASE
FOR EMPLOYEES AND VOLUNTEERS**

As a part of my application for employment/volunteering with Aldersgate United Methodist Church, I hereby consent to and authorize the church to discuss with my personal references, academic references, former and current employers, residential management agents, religious bodies, criminal justice agencies, courts, and other relevant resources information regarding my work, academic, residential, achievement, performance, attendance, criminal and disciplinary histories, as well as my general moral character and fitness for employment/volunteering with the church.

I further authorize the church to conduct a criminal and driver's record check. In exchange for the church considering my application for employment/volunteering, which I acknowledge as a good and valuable consideration, I release the church and its employees or volunteers and all resources providing information, from any and all liability with respect to the church obtaining such information.

I further release the church, its employees or volunteers from any and all liability associated with conducting any criminal and driver's record check. I understand that the church may confer with the resources referred to above and may conduct criminal and driver's record checks. I agree and affirm that I have no objections to these investigations and checks, and confirm that I release and hold harmless the church and its employees or volunteers and any such resources from any and all liability and/or claims associated with obtaining information by such investigations and checks.

<hr/> Social Security Number	<hr/> and Driver's License # if different
<hr/> Signature of Employee/Volunteer	<hr/> Signature of Witness
<hr/> Printed Name of Employee/Volunteer	<hr/> Printed Name of Witness
<hr/> Date	<hr/> Date

Please list all names that you have been known by. Use a separate sheet if necessary.

**REQUEST FOR CRIMINAL RECORDS CHECK
AND AUTHORIZATION**

I hereby request the _____ Police Department to release any information which pertains to any record of convictions contained in its files or in any criminal file maintained on me whether local, state, or national. I hereby release said Police Department from any and all liability resulting from such disclosure.

Signature _____

Print Name _____

Print maiden name, if applicable _____

Print all aliases _____

Date of birth _____

Place of birth _____

Social Security # (if required by Police Department) _____

Today's date _____

Record sent to:

Name _____

Address _____