

**ALDERSGATE UNITED METHODIST CHURCH  
3600 75<sup>th</sup> STREET  
URBANDALE, IA 50322-3096  
515-278-0466**

**SCREENING FORM B  
Application for Occasional Leaders of Children or Youth**

Confirmed             Occasional Leader             Substitute Leader             Youth Helper

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.

Today's Date \_\_\_\_\_

Print Name \_\_\_\_\_ Birth date \_\_\_\_\_

Print Address \_\_\_\_\_ Phone \_\_\_\_\_

Date of last CPR or First Aid Certificate issued (if applicable) \_\_\_\_\_

Yes      No  
       Are you currently employed? If yes, where? \_\_\_\_\_

Length of current employment \_\_\_\_\_ Supervisor \_\_\_\_\_

      Have you any physical limitations you believe prevent you from doing certain types of activities?

      Have you been or 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? \_\_\_\_\_

      Do you have a valid Iowa Driver's License? License # \_\_\_\_\_

      Have you ever been convicted or plead guilty of a criminal offense against a person? If yes, please explain. (Please indicate if you would like to speak with a member of the professional church staff.)  
"Yes" necessitates a criminal records check.)

      Have you ever been convicted of or plead guilty to sexual abuse or assault? If yes, please explain.  
(Please indicate if you would like to speak with a member of the professional church staff.)

      Have you ever been placed on a child abuse registry anywhere?

Assignment \_\_\_\_\_ Date \_\_\_\_\_

\*Date of viewing Safety Video \_\_\_\_\_

\*I have read the above policy and agree to observe the safeguards listed.

**\*IMPORTANT: SIGNATURE** \_\_\_\_\_ Date \_\_\_\_\_  
(If applicant is a youth, a parent signature for permission to be a helper/teacher must accompany this form.)

**\*IMPORTANT: PARENT SIGNATURE** \_\_\_\_\_ Date \_\_\_\_\_

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**PARENTAL PERMISSION SLIP  
(To be used as identified in Section III.B of Child and Youth Protection Policy)**

I (we) grant my (our) permission for \_\_\_\_\_

to be with \_\_\_\_\_ for the purpose of

\_\_\_\_\_  
\_\_\_\_\_

during this time period:    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    to    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_  
   month    day    year     month    day    year

\_\_\_\_\_  
Parent (Guardian)

\_\_\_\_\_  
Parent (Guardian)

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

Phone #: \_\_\_\_\_