

Personal Reference Form for Volunteers

Centreville United Methodist Church

This application is to be completed by all applicants for any position involving the supervision or custody of minors. It is being used to help the church provide a safe and secure environment for children who participate in our programs.

Name _____

Last

First

Middle

Identity must be confirmed with photographic identification card. **Date of birth** _____

Present Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Email Address _____

Cell Phone _____ Parent's Email _____

Former Address (if less than 1 year ago) _____

City _____ State _____ Zip Code _____

Please indicate the program in which you wish to work. _____

Please indicate the date you would be available to begin. _____

Approximately how long have you been attending Centreville United Methodist Church _____

If you are a member, when did you join? _____

Do you have a current driver's license? (circle one) Yes No

If yes, what is the number? _____ What state? _____

Please list (name & addresses) other churches you have attended regularly during the past 5 years:

Please list previous church work involving children or youth (list each church's name and type of work performed)

Please list previous non-church work involving children or youth (list each organization's name and address, type of work performed.) _____

List any gifts, calling, training, education, or other factors that have prepared you for work with children.

Were you ever the perpetrator of an act of child abuse or molestation? **(circle one) Yes No**

If yes, please explain _____

Have you ever been convicted of a crime involving incest, rape, murder, kidnapping, child pornography, sodomy, assault on or physical abuse of a minor? (circle one) Yes No

If yes, attach a separate page to explain.

Please provide names and email addresses of two people **over the age of 18** who know you personally. (Not relatives or former employers.) **Please print clearly!**

Name _____ Name _____

Email _____ Email _____

The information in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to provide any information (including opinions) regarding my character and fitness for work with children or youth. In consideration of the receipt and evaluation of this application by Centreville United Methodist Church, I hereby release any authorized individual, church, organization, employer, reference, or any other person or organization from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance 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. I have carefully read the foregoing release and know the contents thereof. I sign this release as my own free act.

Volunteer Signature _____ **Date** _____

Parent's signature (if volunteer is under 18 years of age) _____