



Application Form for Staff Members Anderson Hills United Methodist Church

To ensure the safety of the children and youth Anderson Hills UMC, the following application must be completed by all applicants for *all paid staff positions*. This screening application is required pursuant to our written policies. We trust that you share in our concern for the safety of our children and youth and we appreciate your cooperation with the application process. Please be assured that this application will be kept confidential and will be used only for the purpose of considering you for work with minors in our church.

PLEASE FILL OUT EACH LINE OF THIS FORM COMPLETELY, WRITING "N/A" IF A QUESTION IS NOT APPLICABLE. IF YOU DO NOT HAVE SPACE TO ANSWER A QUESTION COMPLETELY, YOU MAY CONTINUE YOUR RESPONSE ON THE BACK OF THIS FORM.

Name: _____
(Last) (First) (Middle)

Maiden or other names used: _____

Parent's Names (for applicants under 18): _____

Present address: _____
(Street) (City) (County) (State) (Zip)

All addresses you have held during the past five years outside of the county in which you now reside:
(City) (County) (State) (Dates)

Home phone number: _____ Work phone number: _____

Cell phone number: _____ Best number to contact you: ___ home ___ work ___ cell

email address: _____ Social Security Number: _____

1. Are you a member of Anderson Hills United Methodist Church? Yes No

If yes, for how long? _____

How long have you been actively involved at Anderson Hills United Methodist Church? _____

2. Please list the names and address of each church you have attended regularly or been a member of for the past five years, besides Anderson Hills United Methodist Church:

3. Have you worked in any ministry with children or youth under 18 years of age? ___ Yes ___ No

If yes, please describe the ministry and where performed:

4. List all previous non-church work involving children under 18 years of age and where performed:

5. List all non-church and church activities in which you are now involved: _____

6. Briefly describe how you became a Christian:

7. Briefly describe the spiritual gifts, talents, interests, and personality the God has given you:

8. Has there ever been a substantiated claim of child abuse made against you? Yes No

9. Have you ever been convicted of or plead guilty or no contest to any criminal offense of any kind?
Yes No

Please list two personal references who are not related to you. At least one should be a non-member of Anderson Hills United Methodist Church.

a) Name: _____

Address: _____

Telephone: _____ (please indicate: _____ work _____ home phone number)

b) Name: _____

Address: _____

Telephone: _____ (please indicate: _____ work _____ home phone number)

11. Would you be willing to submit to a fingerprint screening? Yes No

12. Do you consent to a background check, which includes a police records check, in all counties/states in which you now reside or have previously resided? Yes No

Note: If you have had a background check completed within the last year, you do not need to complete another. We would then ask that you request a copy of the report for our records.

The information contained in this application is true and correct to the best of my knowledge. I authorize any references, churches, organizations, or individuals listed in this application to give any information and opinions regarding character and fitness to work with minors to Anderson Hills United Methodist Church. I release all such persons or organizations from any liability for furnishing such evaluations to Anderson Hills United Methodist Church.

I understand that that the name of every applicant will be cross-referenced with the website for Hamilton County and the county in which I reside to determine sexual predator sexual offender status.

I understand that upon the church's receipt of this application, that I may be contacted by a member of the Anderson Hills United Methodist Safe Sanctuary Policy Committee for a brief interview.

Applicant's Signature _____ Date _____

This section to be completed by the SSP or PPRC

Interview Date/Time/Place _____

___ Worker application/interview successfully completed, including reference contact form

___ **Issues to be resolved:** _____

Printed name

Position

Signature

Date:

Interviewer information: _____

Person reviewing application: _____