



FLOWER MOUND UNITED METHODIST CHURCH

Safety Application Form for Volunteers and Employees

CONFIDENTIAL

This application should be completed by all applicants for any position (volunteer or employment) involving the supervision of minor children or vulnerable adults, such as elderly or impaired persons. This is not an employment application. The purpose of this form is to assist in the creation of a safe environment for children, students and vulnerable adults who participate in the programs of Flower Mound United Methodist Church or use Flower Mound United Methodist Church facilities.

Name: _____

Please list any other names that have been used by applicant: _____

Address: _____

Phone: _____ Cell: _____ Email: _____

Social Security # _____

(Only one member of the staff will have access to this information, and it will be shredded upon completion of background check)

Sex: _____ M _____ F Date of Birth: _____

Are you a member or regular attendee of this church? _____ If so, for how long? _____

How long have you lived at your current address? _____

****Please fill out the following Driver's License information ONLY if you want to be a volunteer driver for Youth or Children's Ministries****

Driver's License # _____ State _____ Date of Expiration: _____

The above portion of your application will be shredded following your background check. Thank you for volunteering at Flower Mound United Methodist Church!

***Please note: Upon completion of the background check, you will receive an email with instructions on how to watch a video to complete your MinistrySafe training. Once you have watched the video and have completed the short quiz, you will be certified to volunteer with children and youth at Flower Mound United Methodist Church.**

REFERENCE FORM FOR EMPLOYEES AND VOLUNTEERS

Employee/Volunteer's Name: _____

References	Name	Telephone
Personal:		
Professional:		
Family Member:		

References Required: Each applicant must submit the names and phone numbers of at least one professional reference (if applicable), one personal reference and one family member.

RELEASE

I authorize Flower Mound United Methodist Church to undertake a criminal background check concerning my past.

I authorize Flower Mound United Methodist Church to contact references listed on this **Safety Application Form** in order to verify the information I have provided to the church.

I agree to release from liability any person or organization that provides information concerning me, including those persons I have listed as references.

I agree that in order to be certified under MinistrySafe (the insurance provider of the North Texas Conference of the UMC), I must watch the video emailed to me after my background check is complete by MinistrySafe and complete the short quiz that follows. I further understand that I have the right to receive a hard copy of Flower Mound UMC's MinistrySafe policy at any time upon request.

I understand that I am *entitled* to receive a copy of my background check or my driving record check, and that I will receive a copy of said form if there are any violations reported (including traffic tickets, etc.). If I am sent the MinistrySafe email, I understand that the violations reported do NOT disqualify me from volunteering (traffic tickets, etc.). I agree that if the violation(s) include a felony, DWI's or DUP's (for drivers only), or a drug conviction within the last 5 years I will be disqualified from volunteering, and that my record will NOT be disclosed to anyone other than the staff person running the background checks. I further understand that I have the right to contest any report by contacting AmericanChecked at the address provided on the form sent to me.

By signing this form, I certify and affirm that the information I have given on this form is true, complete and correct in all respects.

Signature: _____ Date: _____

Email address: _____ Phone Number: _____