

APPENDIX V

PARTICIPATION COVENANT STATEMENT

The congregation of _____ Church is committed to providing a safe and secure environment for all children, youth, and volunteers who participate in ministries and activities sponsored by the church. The following policy statement reflect our congregation's commitment to preserving this church as a holy place of safety and protection for all who would enter and as a place in which all people can experience the love of god through relationships with others.

No adult who has been convicted of child abuse (either sexual abuse, physical abuse, or emotional abuse) should work with children or youth in any church-sponsored activity.

All adults involved with children or youth of our church must have been active participants of the congregation for at least six months before beginning a volunteer assignment.

All adults involved with children and youth of our church shall observe the Child Protection Policy at all times.

All adults involved with children and youth of our church shall attend regular training and educational events provided by the church to keep volunteers informed of church policies and laws regarding child abuse.

All adults involved with children and youth of our church shall immediately report to their supervisor any behavior that seems abusive or inappropriate.

Please answer each of the following questions:

1. Do you agree to observe and abide by all church policies regarding working in ministries with children and youth? _____ Yes No _____

I have read this Participation Covenant, and I agree to observe and abide by the policies set forth above.

Signature of Applicant

Date

APPENDIX IV

AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS CHECK

I, _____, HEREBY AUTHORIZE the _____ United Methodist Church to request any local, state or federal law enforcement department or agency to release information regarding any record of any investigations, charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is a local, state, or national file, and including but not limited to accusations and convictions for crimes committed, against minors, to the fullest extent permitted by local, state and federal law. I release any and all law enforcement departments, agencies, and their employees from all liability that may result from any such disclosure made in response to this request. I also give my permission for this information to be shared with those persons who will participate in making decisions with respect to my application.

You are authorized to rely upon a photocopy or fax copy of this document.

Signature of Applicant Date

Print applicant's full name: _____

Print all other names that have been used by applicant (if any):

Date of birth: _____ Place of birth: _____

Social Security number : _____

Driver's license number: _____ State in which license was issued: _____

License expiration date: _____

Request sent to: _____

Name: _____

Address: _____

Phone: _____