



Goddard United Methodist Church Children and Youth Volunteer Form

First and Last Name

Cell Phone

Home Phone

Other Phone

Email Address

Mailing Address

Preferred Age Group

(Circle as many as you like)

Preschool

Early Elementary

Older Elementary

Junior High

High School

By signing below, I understand that Goddard's children and youth ministry is an important part of our church. I understand my responsibility is to demonstrate Christian behavior while children and youth are in my care. I understand that those leading the ministry, as well our children and youth, are relying on me to be present as much as possible. If I am unable to volunteer on any occasion, I will notify the church office or ministry leader as soon as possible.

Signature

Date

(Church Use Only)

Background Check Record

Initial Date

Update

Update

Update

GODDARD UNITED METHODIST CHURCH
CONSENT TO PERFORM A BACKGROUND CHECK
This information is confidential and will be stored in a confidential manner

Last Name	First Name	Middle Name or Initial
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Maiden or other name(s) used in any and all other records of birth or records of residence

Address	Apartment or #
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City	County	State	Zip Code
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Date of Birth (mm/dd/yyyy)	Social Security Number	Gender
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Driver's License Number	State of Issue
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The following are my responses to question about my criminal history (if any). Please circle Yes or No.

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|-----|----|---|
| Yes | No | 1. Have you ever been convicted or plead guilty before a court for any federal, state, or municipal criminal offense?
(exclude minor traffic misdemeanors) |
| Yes | No | 2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal offense? |
| Yes | No | 3. Have you ever received probation or community supervision for any federal, state, or municipal offense? |
| Yes | No | 4. Have you ever been convicted of any criminal offense in a country outside of the jurisdiction of the United States? |
| Yes | No | 5. As of the date of this consent for, do you have any pending charges against you? |

If "Yes" to any question, please complete the following:

State:	County:	Date:
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Detail of Offense:

Explanation:

This section is to be used to list all counties and states of residence since high school graduation or age 18. (Continue on back if more space is needed.)

City/Town	County	State	Years Lived
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The facts set forth on this form are true and complete to the best of my knowledge. I understand that false statements on this form shall be considered sufficient cause for non-consideration as a staff member or volunteer. By my signature, I authorize Goddard United Methodist Church to check criminal and/or civil records.

Applicant Name (printed):	Date:
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Applicant Signature:
