



First Methodist

BATESVILLE, AR
+MAKING CHRIST
FIRST+

Rev. Justin Ledbetter
Senior Pastor

Teresa G. Brown
Administrator

Bennie Burks
Care Director

Katie McLean
Children's Director

Lorrie McClure
Youth Director

Dr. Stacey Brown
Music & Arts Director

Alicia Williams
Worship Leader

Rev. Bob Langley
Pastor Emeritus

Therefore, go and make disciples of all nations, baptizing them
in the name of the Father and of the Son and of the Holy Spirit
- Matthew 28:19

Dear Volunteer,

Thank you for your commitment to work with Children, Youth, and adults with special needs. We appreciate your interest in these programs at FUMC. In this packet, you will find a copy of the Safe Sanctuary Policy and Information on Background Check and reporting. These are for you to keep. We need the following forms returned:

- Volunteer Leader Application with References completed
- Completed and signed Safe Sanctuary Covenant
- Arkansas DHS request for Child Maltreatment Check ***2-sided SIGN BACK, must be notarized**
- Arkansas DHS request for Adult maltreatment check ***must be notarized**
- Authorization to Obtain Consumer Report

Please note that the DHS forms must be signed and notarized. Also, The Authorization for Consumer Report form is a form required by the agency used for background checks. While this is an inclusive form for the services that they offer, FUMC is only interested in Criminal Background and Driving Records. This is for the safety of our children, youth, and adults with special needs. If you wish to limit the scope of background checks performed, please provide this in writing and discuss with the leader of the area in which you are volunteering.

If you **drive children, youth, or adults with special needs**, you must also complete the Authorized Driver Checklist and provide a copy of your Drivers License to the church. This applies whether you drive the **church van or a private vehicle**.

Thanks again for volunteering to work with our children, youth, and adults with special needs. We look forward to growing with you in these ministries.

Safe Sanctuary Committee.

VOLUNTEER LEADER APPLICATION FORM

NAME: _____ M F BIRTHDATE: ____/____/____

ADDRESS: _____ CITY: _____ STATE: _____

ZIP: _____ HOME PHONE: _____ WORK PHONE: _____

E-MAIL: _____ CELL PHONE: _____

AREA OF CHURCH WHERE I WOULD LIKE TO SERVE (PLEASE CHECK ALL THAT APPLY):

Youth Ministry Children & Family Ministries

Why would you like to volunteer as a worker with children, youth, or adults with special needs?

Have you ever been charged, convicted of, or pled guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, other crimes of violence, theft, or motor vehicle violations)? Yes No

Have you ever been exposed to an incident of child abuse or neglect? Yes No

If you answered yes to either of the above questions, please explain:

SIGNATURE

DATE

REFERENCES

All references must be 18 years of age or older.

No reference may be a member of your immediate family (parents, siblings, spouse, stepparents, grandparents, etc.). Please supply 3 references

1. This reference **SHOULD** be the pastor or a member of the program staff of the church in which you are or were formerly a church member. ** If this reference is not from a pastor or member of the program staff of the church, please explain why.*

NAME: _____ RELATIONSHIP: _____
ADDRESS: _____ CITY: _____
STATE: _____ ZIP: _____ PHONE: _____
E-MAIL: _____

2. This reference should be someone who has known you for **TWO YEARS** or more, He/She may be a teacher, employer, classmate, etc.

NAME: _____ RELATIONSHIP: _____
ADDRESS: _____ CITY: _____ STATE: _____
ZIP: _____ PHONE: _____
E-MAIL: _____

3. This reference should be someone who has known you for **TWO YEARS** or more, He/She may be a teacher, employer, classmate, etc.

NAME: _____ RELATIONSHIP: _____
ADDRESS: _____ CITY: _____
STATE: _____ ZIP: _____ PHONE: _____
E-MAIL: _____

You May Also select from the References below:

- Pastor Justin Ledbetter
Senior Pastor FUMC, Batesville
- Katie McLean
Director of Children and Family Ministires FUMC, Batesville
- Lorrie McClure
Director of Youth FUMC, Batesville
- Stacey Brown
Director of Worship Arts FUMC, Batesville

SAFE SANCTUARY COVENANT

The congregation at First United Methodist Church is committed to providing a safe and secure environment for all children, youth, adults with special needs and volunteers who participate in ministries and activities sponsored by the church. The following policy statements 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.

All adult volunteers involved with children, youth, or adults with special needs of our church must have been members of the congregation or active attendees for at least six months before beginning a volunteer assignment.

As an employee or volunteer in this congregation, do you agree to:

1. Observe and abide by all church policies regarding working in ministries with children, youth, and adults with special needs? **Yes** **No**
2. Observe the "Two-Adult Rule" at all times? **Yes** **No**
Adult volunteers with children, youth, or adults with special needs shall observe the "Two-Adult Rule" at all times so that no adult is ever alone with children, youth, or adults with special needs.
3. Participate in training and educational events provided by the church related to your volunteer assignment? **Yes** **No**
Adult volunteers with children, youth, and adults with special needs should participate in trainings and educational events provided by the church to keep volunteers informed of church policies and state laws regarding abuse.
4. Discuss with the minister of this congregation your experience, if any, as a survivor of child abuse? **Yes** **No** **N/A**
Adult survivors of child abuse need the love and support of our congregation. Any adult survivor, who desires to volunteer in some capacity to work with children or youth, is encouraged to discuss his/her willingness with the Pastor (s) before accepting an assignment.
5. Promptly report abusive or inappropriate behavior to your supervisor? **Yes** **No**
Adult volunteer shall immediately report to the program supervisor any behavior that seems abusive or inappropriate.
6. Inform a minister of this congregation if you've ever been convicted of child abuse?
 Yes **No** **N/A**
No adult who has been convicted of child abuse (either sexual, physical abuse, or emotional abuse) shall be allowed to work with children, youth, or adults with special needs in any church-sponsored activity.

I certify that I have read the First United Methodist Church Safe Sanctuary Policy and I agree to abide by the policies set forth. I understand that a violation on any of these guidelines can lead to my immediate termination as a volunteer leader.

SIGNATURE

DATE

AUTHORIZATION TO OBTAIN CONSUMER REPORT

In Compliance with the FCRA (Fair Credit Reporting Act)

Last name	First Name	Middle	
Street Address	City, State		Zip
Date of Birth	M / F Gender*	Race*	
Social Security Number	Driver's License Number	Issuing State	Expiration Date

Other Names (Maiden name, married names, surnames, etc.)

Your Signature below indicates the following

- 1) You authorize, without reservation, Trak-1 or any third party to obtain and/or furnish to FUMC any records or information referenced in the provided disclosure statement for employment and volunteer related purposes;
- 2) You authorize FUMC ongoing procurement of any records or information, reports and records at any time during your employment or volunteerism to the extent allowed by law;
- 3) You authorize the use of fax or photocopy of this authorization as having the same authority as the original;
- 4) You authorize and request, without reservation, any present or former employer, school, police department, division of motor vehicles, consumer reporting agency, or other entity, person or agency having knowledge about you to furnish FUMC and/or Trak-1 with all background information in their possession regarding you for these stated purposes;
- 5) You understand and agree that in connection with your employment your consumer report information, whether investigative or otherwise, may be shared with and/or reviewed by all applicable parties involved in the hiring process;
- 6) You have read and fully understand the foregoing disclosure and this authorization.
- 7) You certify that all the information you have provided on this form is true, complete, correct and accurate; and
- 8) You certify you have received, reviewed, and understand the "Summary of your rights under the Fair Credit Reporting Act (15 U.S.C. §1681 et seq.)" which is published by the Federal Trade Commission to help you know your rights.

Signature

Date

**this info will be used for background screening purposes only*

Check this box if you are a **Minnesota, Oklahoma, or California** applicant, and you would like to receive a copy of your consumer report, if one is obtained. For **California** applicants only a copy of your report will be sent to you by the above -referenced employer within three business days beginning on the date of receipt by the employer; For **Minnesota** applicants only: the consumer reporting agency shall furnish a copy of your consumer report within twenty-four hours of providing it to the above-referenced employer, For **Oklahoma** applicants only: the consumer reporting agency shall furnish a copy of your consumer report.

CALIFORNIA APPLICANTS: Pursuant to § 1786.22 of the California Civil Code, you may view the file maintained on you by Trak-1 during normal business hours. You may also obtain a copy of this file, either in person or by mail. Bu submitting proper identification and paying the costs of duplication services. You may also receive a summary of the file by telephone upon production of adequate identification. Trak-1 is required to have trained personal available to explain your file to you and any coded information contained therein. You may appear in person alone. Or with another person of your choice, provided that this additional person furnishes proper identification. California Civil Code section 1786.16(2) requires a separate disclosure and authorization to be signed by an applicant or current employee each time a background check is performed for employment purposes. This requirement does not apply in situations where the employer has a suspicion of wrongdoing or misconduct by a current employee.

Revised 11/2015

Making Christ First in Your Life & the World