



West Michigan Conference

The United Methodist Church

VOLUNTEER STAFF PERSONNEL RECORD

And

APPLICATION: CARE PROVIDERS for ADULTS with special needs, CHILDREN, and YOUTH

NAME _____ **Date of Birth** _____ **Today's Date** _____

ADDRESS _____ **City, State, Zip** _____

CAMP YOU ARE BEING INVITED TO SERVE IN:

District _____ **Age level** _____ **Type of Camp** _____

Dean's Address _____ **Camp Dean** _____ **Camp Date** _____

**EMPLOYMENT RECORD: Current and last two employers (covering 10 years): Name, address & phone
Length of employment**

	months	years
_____	_____	_____
_____	_____	_____

GENERAL QUESTIONS:

- | | | |
|--|-----|----|
| Have you ever been convicted of any crime other than traffic violations? | Yes | No |
| Have you ever been charged with or convicted of child neglect or abuse? | Yes | No |
| Have you ever been charged with, convicted of, pled guilty or pled no contest to any crime arising out of any act of sexual, molesting, seductive, or criminally deviant nature, whether with a child or an adult? | Yes | No |
| Have you ever had a verdict rendered against you in a civil action arising out of any act related to child abuse or sexual abuse? | | |
| Have you ever been convicted of possession, use or sale of illegal drugs? | Yes | No |
| Within the past 30 days have you abused alcohol or drugs (legal or illegal)? | Yes | No |
| Do you have any interest in child pornography? | Yes | No |
| Have you ever committed any act of child sexual abuse or neglect? | Yes | No |
| Have you pled guilty or been convicted of any traffic offense in 5 years? | Yes | No |
| Have you had any contact as a complainant or witness with Child Protective Services of the Dept. of Human Services in MI or any similar agency in any other state? | Yes | No |

Please explain fully any "Yes" answers above: _____

List all permanent addresses at which you have resided within the last 10 years:

Address	City	State	County	Zip
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

MINISTRY SETTINGS AND LIFE EXPERIENCES

(Ministry setting would include churches, campus ministries, camps or other faith communities) List (name and address) of all ministry settings you had involvement with in the past 5 years.

Local Church _____ Member? _____ How Long? _____

Address _____ Pastor _____

Group Leadership Experiences you have had _____

Experiences working with adults with special needs, children, or youth _____

What camping experiences have you had, wither as a camper or counselor? _____

List any special gifts, training, education, or other factors that have prepared you for this job _____

What expectations do you have for this camping experience? What do you hope will happen? _____

Share a bit about your own Christian experience and journey _____

APPLICANT’S STATEMENT AND SIGNATURE

I authorize any references, ministry settings, or employers listed in this application to give you any information (including opinions) they may have regarding my character and fitness for ministry with adults with special needs, children, and youth. I also give permission to check my criminal history with law enforcement agencies, including but not limited to local, county, state and federal agencies. I release, discharge and agree to hold harmless from liability any person or organization that provides information provided they do so in good faith and without malice. This release form may be sent to any reference. I waive any right that I may have to inspect provided on my behalf.

The information that I have provided may be verified by contacting persons or organizations listed in this application. I also agree to hold harmless the West Michigan Conference of The United Methodist Church, and the officers, employees, and volunteers thereof from any use of this application or information.

I certify that the information I have provided is true and correct. If it is found that the answers given are untrue, I understand it may be cause for dismissal.

Should my application be accepted, I agree to be bound by and follow the Abuse Prevention Policy of the West Michigan Conference of The United Methodist Church. This includes my understanding and agreement that any allegation against me of abuse will be reported by the Conference to the Children’s Protective Services.

I understand that my name will be on a list of certified care providers for confirmation purposes only. I have read this waiver and the entire application and I am fully aware of its content. I sign this consent freely and under no duress nor coercion.

Applicant's Signature _____ Date _____

Witness's Signature _____ Date _____

The spaces below are for three (3) written evaluations of the counselor/applicant, and should constitute the recommendations for the counselor to serve on the Dean's camp staff and to be certified as a person fit to serve as a care provider for Conference events where care is given to adults with special needs, children, or youth,

Please respond to the following questions: How long and in what capacities have you known the applicant? How would you describe the applicant's ability to work with adults with special needs? Children? Youth? Other adults? How would you describe the applicant's leadership abilities? Do you have any personal knowledge of applicant's abuse of drugs or alcohol or of any behavior that could be described as abuse or sexually inappropriate? Do you know of any reason why this person should not work with adults with special needs, children or youth? Would you feel comfortable entrusting this person with the care of your loved ones?

1. _____

Signature _____ **Date** _____ **Phone** _____

2. _____

Signature _____ **Date** _____ **Phone** _____

3. _____

Signature _____ Date _____ Phone _____

PASTOR: Please fill out the section below and mail the completed form to the Dean whose name and address appears on the first page of this application. Please respond to the questions on the previous page of instructions for referents. In addition, give any impressions you have regarding this applicant's Christian Journey, his/her involvements in the church, leadership experiences in the church, etc. How long has this person been a member? If not a member, how long has he/she been involved in the church and how active has been his/her participation?

Signature _____ Date _____ Phone _____

CHURCH _____

ADDRESS _____

AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS CHECK

I, _____, hereby authorize The West Michigan Conference to request the State police department to release information regarding any record of charges or convictions contained in its files, or in criminal file maintained on me, whether said crimes committed against minors to the fullest extent permitted by state and federal law. I do release said police/sheriffs department or other agencies from all liability that may result from any such disclosure made in response to this request.

Signature of Applicant *Date*

PRINT APPLICANT FULL NAME

PRINT ALL PREVIOUSLY USED NAMES

MAIDEN NAME (IF ANY) RACE/ETHNIC GROUP

DATE OF BIRTH PLACE OF BIRTH

SOCIAL SECURITY NUMBER

DRIVERS LICENSE NUMBER STATE ISSUING LICENSE

LICENSE EXPIRATION DATE