



The United Church of Pittsford
 123 South Main Street, Pittsford, New York 14534
 (585) 586-6870

APPLICATION FORM

Church School Volunteer *Confidential* Screening Form

Let the little children come to me! Never send them away! For the Kingdom of God belongs to those who have hearts as trusting as these little children's. And anyone who doesn't have their kind of faith will never get within the Kingdom's gates. Luke 18:17

The United Church of Pittsford has adopted a prevention program designed to reduce the possibility of child abuse occurring within our community of faith. These questions are intended to protect our young people, our volunteers, our church leaders, and the integrity, reputation, and resources of our church.

This form will be reviewed by the Pastor of the United Church of Pittsford and a specially designated person appointed by the Board of Christian Education. *Please answer each question candidly and completely. A "yes" answer will not necessarily disqualify a person from serving as a volunteer.*

The form will be kept in a confidential file to protect your privacy.

Name: _____
 (Full name please)

Address: _____

City _____ State _____ Zip Code _____

How long have you lived at this address: _____

If at above address for less than three years, please list previous address(es) for the last three years:

City _____ State _____ Zip Code _____

How long have you lived at this address: _____

Date of Birth: _____ E-mail address: _____

Home Phone: _____ Work Phone: _____

OFFICE USE ONLY

Name of person who verified Driver's License *: _____

(* The Board of Christian Education may or may not accept another form of government-issued picture identification in place of a valid driver's license)



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Name: _____

1. I have been a member of the United Church of Pittsford since: _____

2. List churches/religious organizations you have attended regularly in the last 5 years:

Church & Address	Type of Volunteer Work	Dates
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_____	_____	_____
_____	_____	_____
_____	_____	_____

3. List all other volunteer work and employment involving youth:

Organization	Address	Type of Work	Dates
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Please list three (3) Personal References (Do not list relatives):

Name	Address	Phone Number
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Please check "yes" or "no" for the following questions. If you answer "yes" to any of the following, please attach an explanation noting the date, nature and place of the incident involved, where the case was litigated or is pending, and the outcome or present status of the case.

5. Have you ever been known by another name?
 (Include Maiden Name, if applicable) Yes No

If yes, please print name(s) _____



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6. Are there *any criminal proceedings* pending against you? Yes No
7. Are you the subject of indicated child abuse or maltreatment report in this state or any other state or country? Yes No
8. Have you ever had a lawsuit alleging actual or attempted sexual misconduct, physical abuse or child abuse filed against you which resulted in a judgment entered against you, or was settled out of court, or was dismissed because the statute of limitations had expired? Yes No
9. Have you ever been convicted of; or pleaded guilty or no contest, to a criminal charge of sexual abuse, child abuse, child molestation, or child neglect in this state or any other state or country? Yes No
10. Have you ever terminated your employment or service in a volunteer position, or had your employment or authorization to hold a volunteer position terminated, or reasons relating to allegations of actual or attempted sexual misconduct, physical abuse or child abuse? Yes No

11. Current or most recent employer information:

Company _____

Address _____

Supervisor _____

Dates employed _____

12. Are you willing to provide transportation for children or youth? Yes No

If yes, please answer the following questions: —

- a. Has your driver's license ever been revoked or suspended? Yes No

- b. In the past 3 years, have you been convicted of, or pleaded guilty to, any offense involving moving vehicle violation in this state or any other state? Yes No

If yes, please explain on reverse

- c. Do you experience seizures of any kind? Yes No

If yes, are the seizures controlled by medication? Yes No

- d. Do you regularly take any medication that could affect your ability to drive? Yes No

- e. Do you have liability insurance? Yes No



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Name: _____

The information contained in this form is true to the best of my knowledge. I recognize my duty to update this information if become aware that any answer I have given at this time becomes inaccurate in the future while I am volunteering to work with the children or youth of the United Church of Pittsford (UCP).

I authorize any references or churches listed in this application to respond to any inquiries from UCP regarding my fitness to work with children and youth. I understand that by signing this form, I am authorizing a background check. I further authorize UCP to question the churches and references I have listed regarding my character. To encourage them to speak freely and in consideration of the receipt and evaluation of this application, I hereby release any individual, church or reference, including record librarians and ministers, from any and all liability and responsibility arising from their actions made in good faith and without malice in response to inquiries from UCP.

To allow UCP to attain its goal of providing a safe environment for all who come to it, I authorize UCP to share information from this application, my references, and former churches on a need to know basis.

I have read, understand, and agree to abide by the Policy and Procedures stated in the *Reducing the Risk of Child Abuse* brochure.

Signature

Date