

Appendix E
St. Mark's United Methodist Church
Safe Sanctuary
Staff/Volunteer Application

Part A

Last Name: _____ First Name: _____ MI: ____ (maiden name if married within the past 6 months)	
Address:	
Daytime Phone:	Evening Phone:
Date of Birth:	Member of St. Mark's UMC since:
Current job and responsibilities:	
Has a civil lawsuit or employment or criminal complaint ever been filed against you for child abuse or sexual abuse? _____ If yes, please provide details.	
Have you ever been convicted of a crime related to child abuse or sexual abuse? ____ If yes, please provide details.	

I understand that in signing this personal information sheet, I affirm that the information I have provided is true and correct, that any pertinent omission will be considered an untruth and that all the information given will be held in confidentiality by St. Mark's United Methodist Church.

_____ **Applicant Signature**

_____ **Date**

Part B

Volunteer Experience – Please list your volunteer experiences with St. Mark’s UMC, other churches, civic and non-profit organizations. You may use additional pages if needed.

Organization	Volunteer Duties	Dates of Service	Contact Person	Phone # or email

References: List three personal references that could attest to your character and leadership abilities, other than relatives. References are confidential.

Name	
Address	
Phone	
Email	
Relationship to reference	

Name	
Address	
Phone	
Email	
Relationship to reference	

Name	
Address	
Phone	
Email	
Relationship to reference	

St. Mark’s United Methodist Church appreciates your willingness to share your faith, gifts, and skills. Providing safe and secure programs for members of our congregation is very important to us. The information gathered in this application is designed to help us provide the highest quality programs for the children/youth/vulnerable adults of our congregation.

Part C (for office use only)

- Interview conducted by _____ Date: _____
- Background Check Completed by _____ Date: _____