



FUMCOG

First United Methodist Church of Germantown

Dear Volunteer:

Thank you for volunteering to assist in one of the many vital ministries here at FUMCOG!

FUMCOG is committed to providing an environment of hospitality in which all members, friends, staff, and volunteers can work together in an atmosphere free of all forms of discrimination, harassment, abuse, exploitation, and intimidation. We commit to offering a nurturing and safe environment for our children, youth and vulnerable adults. Therefore, we have an approved Safe Sanctuary Policy by which we abide. As a potential volunteer, we ask you to also commit to the policy and comply with the following procedures.

Screening Form for Children or Youth Work: The enclosed Screening Form is to be completed by all applicants for any position (volunteer or paid staff) involving the supervision or custody of minors. This is not an employment application. It is being used to help the church provide a safe and secure environment for our children and youth who participate in our ministries and use our facilities.

Worker Reference Forms: As a personal reference, submit two (2) Worker Reference Forms that have been completed by two individuals who are not family members.

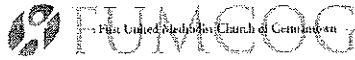
PA State Screenings: It is FUMCOG'S policy, along with PA State law, to require background screening checks on all volunteers and staff members who will be working with our children, youth and vulnerable adults. The following clearances must be renewed every **5 years**: PA State Criminal Record Check, Child Abuse History, and FBI Criminal History Fingerprinting if you have not been a resident of PA for the past 10 years or more. In order to complete these clearances please follow the instructions provided in this Volunteer Screening Packet.

Child Protection Signature Form: All volunteers should review our Safe Sanctuary Policy that is available on our website, www.fumcog.org, or by request in the office. Once you have reviewed the policy, please complete Section 1 or Section 2, whichever applies. This form should be returned to the church every year.

Safe Sanctuary Training: Participate in the annual Safe Sanctuary orientation/training before working with protected persons. If a training is not scheduled, an orientation may be scheduled with the designated ministry leader. Volunteers will not be permitted to fill a role involving direct supervision until this training is complete, but they may assist.

Please note that all the information you provide will be kept confidential and secured in a locked cabinet in the church office. You may return the enclosed forms as soon as they are completed or when you bring in your original clearances. Feel free to contact me or Sederia Brown (by phone, 215-438-3077 or by email, office@fumcog.org) with any questions or concerns.

Gratefully,
Tamie Scalise, Associate Pastor
610-780-1486, scalise@fumcog.org



Screening Form for Children and Youth Work Confidential

The Screening Form is to be completed by all applicants for any position, volunteer or paid, involving the supervision or custody of minors. This is not an employment application form. Persons seeking a paid position in the church will be required to complete an employment application as well. The Screening Form is a tool used to help the church provide a safe and secure environment for those children and youth who participate in our programs and use our facilities.

Personal Information:

Date of Application _____

Name _____
Last First Middle

Present Address _____

City _____ State _____ Zip _____

Home Phone _____ Email _____

Identity must be confirmed with a state driver's license or other photographic identification.

Have you ever been convicted of or pleaded guilty to a crime? YES NO

If yes, please explain (attach a separate sheet if necessary) _____

Were you a victim of abuse or molestation while a minor? YES NO

If you prefer, you may refuse to answer this question, or you may speak in confidence with the Senior Pastor rather than answer it on this form. Answering yes or leaving the question unanswered will not automatically disqualify an application for children or youth work.

Do you have a current driver's license? YES NO
If yes, please provide your driver's license number _____

Worker Information:

Please indicate the type of youth or children's work you prefer _____

Please indicate the date you would be available to begin _____

What is the minimum length of commitment you can make? _____

Church History and Prior Youth Work:

Name of church of which you are a member _____

List (name & address) other churches you have attended regularly in the past five years:

List all previous church work involving youth (include church's name and address, type of work performed, and dates)

List all previous non-church work involving youth (include organization's name and address, type of work performed, and dates)

References: Include two personal references (not former employees or relatives) with contact information. **Please give a Worker Reference Form to the people you list below and ask for it to be returned to FUMCOG within two weeks. Thank you!**

Name Address Phone Email

Name Address Phone Email

Applicant's Statement

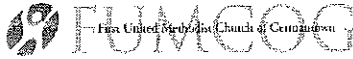
The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you information (including opinions) that they may have regarding my character and fitness for children or youth work. In consideration of the receipt and evaluation of this application by FUMCOG, I hereby release any individual, including record custodians, both collectively and individually, from any and all liability for damage of whatever kind of nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

Should my application be accepted, I agree to be bound by the bylaws and policies of FUMCOG, and to refrain from unscriptural conduct in the performance of my services on behalf of the church.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand.

Applicant's Signature _____ Date _____

Witness _____ Date _____



Worker Reference Form

Dear _____,

Date _____

_____ has applied for a volunteer position at First United Methodist Church of Germantown in which he/she will be working with our children or youth and has provided you as a reference. Please answer the following to the best of your knowledge. **This information will be kept strictly confidential and will be supplemented by other data for appointment purposes.** Thank you for your help and cooperation. Please check the appropriate box to indicate your response. Sincerely,

Person Requesting Reference (PLEASE PRINT) _____

Phone Number _____

	Above Average	Average	Below Average	Don't Know
Ability to work with adults				
Ability to work with children				
Ability to work with other cultures, religions, disabilities, socio-economic groups				
Ability to provide group leadership				
Responsible				
Ability to facilitate small groups				
Sense of humor				
Initiative				
Emotional maturity				
Health				
Flexibility				
Enthusiasm				
Patience				
Friendliness				
Trustworthy				
Cooperative				
Organized				

How long and in what capacity have you known this applicant? _____

How frequently are you in contact with this person? Infrequently (Less than 1x/month) Frequently (several times/month) Very Frequently (almost daily)

Have you seen this applicant work with children? YES NO

Have you seen this applicant work with adults? YES NO

If you had a child, would you be willing to have him/her under the guidance of this person? YES NO

If no, why not? _____

Name (PLEASE PRINT): _____ Signature _____

Phone Number _____ Date _____

Your help is greatly appreciated! Thank you for returning the form within TWO weeks to:

FUMCOG
 c/o Sederia Brown
 6001 Germantown Avenue, Philadelphia, PA 19144
 215-438-3677 or office@fumcog.org



Worker Reference Form

Dear _____,

Date _____

_____ has applied for a volunteer position at First United Methodist Church of Germantown in which he/she will be working with our children or youth and has provided you as a reference. Please answer the following to the best of your knowledge. **This information will be kept strictly confidential and will be supplemented by other data for appointment purposes.** Thank you for your help and cooperation. Please check the appropriate box to indicate your response. Sincerely,

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6001 Germantown Avenue, Philadelphia, PA 19144
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Instructions for Completing Your Clearances

Under the new PA Law, volunteers may directly request Criminal Record and Child Abuse clearances free of charge, either electronically or by submitting a request through the mail. There is a charge for the FBI Criminal History Report which FUMCOG will pay for you. Below are computer links and instructions for completing your clearances.

If you currently hold clearances that have been completed within the last 5 years for other organizations, FUMCOG will accept those security clearances. Please submit them to Sederia Brown in the FUMCOG main office.

1. Criminal Record Check: <https://epatch.state.pa.us/Home.jsp>

Performed by Pennsylvania State Police – click on the yellow “new record check” box and follow the instructions. You will need to include “FUMCOG” and our phone number (215) 438-3677 as the organization for which you will be volunteering. **VERY IMPORTANT – Please ensure you follow all the directions and PRINT the Certificate Form. It is a hyperlink in the center of the screen below the Control # on the Record Check Details page.**

2. Child Abuse Clearance: <https://www.compass.state.pa.us/cwis/public/home>

Performed by Pennsylvania Department of Human Services – click on the “create individual account” box. You will be asked to create an account and will be sent a password that allows you to complete your record check. You will need to provide:

- Addresses where you have previously lived
- Names of all individuals with whom you have lived to include parents, guardians, siblings, spouses
- Any previous names you have used or have been known by.

3. FBI Criminal History Report:

PA State Law is requiring that volunteers also undergo an FBI Criminal History Report (this is a fingerprint-based background check) unless they have been a resident of Pennsylvania for 10 years or more. If you have been a resident of Pennsylvania for 10 years or more, please complete the FBI Waiver Form attached.

If you have not been a resident of the state of Pennsylvania over the past 10 years or more, visit <https://www.pa.cogentid.com/index.htm>. Register for your fingerprinting through the Department of Human Services. Print your receipt so that when your results are returned, FUMCOG can reimburse your fees for this report.

Please Note:

Original copies of all screenings are required to be witnessed by a designated FUMCOG staff employee.

**PENNSYLVANIA RESIDENT VERIFICATION
FOR WAIVER OF FBI CLEARANCE**

Name: _____

Date of Birth: _____ City/State of Birth: _____

Driver's License Number: _____

Current Address: _____

If you have lived at your current address for less than 10 years, please list all prior addresses for the past ten (10) years:

Street	State	Dates Lived Here:

Additional documentation of residency may be required to verify the information provided on this form.

I swear and affirm that I have been a resident of the Commonwealth of Pennsylvania for the entirety of the previous ten (10) years.

I understand that statements herein are made subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities

Signature

Date

Print Name



Child Protection Signature Form

Name _____

Address _____

Phone (home) _____ (cell) _____

Email _____

The Safe Sanctuary Policy can be found on our website, www.fumcog.org, or a copy may be picked up in our main office. Please read the policy in its entirety. Any questions may be directed to the designated church leader. Please sign Section 1 or Section 2 as appropriate.

Section 1: Safe Sanctuary for Children's and Youth Ministries

I have read the FUMCOG Safe Sanctuary Policy and am familiar with its content. I agree to give my best effort to the ministry and to adhere to the guidelines established by the Safe Sanctuary Policy.

Signature of Worker _____ Date _____

Section 2: Annual Reaffirmation of Information

I have re-reviewed the FUMCOG Safe Sanctuary Policy.

Signature of Worker _____ Date _____

Section 3: Automobile Insurance Policy Information

If you may potentially drive children or youth for off-site events or ministries, you must provide current proof of insurance and have a clean driving record. Please provide the following information:

Name of Automobile Insurance Policy Holder _____

License Plate Number _____

Make & Model of Car (ex. 2004 Toyota Sienna) _____

I have submitted a copy of my auto insurance, which lists the policy number with vehicle coverage. If at any time I am not fully covered by my insurance or I make any changes with my policy, I agree to provide FUMCOG with those changes in my auto insurance coverage.

Signature of Worker _____ Date _____