

ST. LUKE'S UNITED METHODIST CHURCH
SAFE SANCTUARY APPLICATION
Personal Information for Annual Renewal Only

Program(s) for which you are applying to volunteer _____

Name: _____
Last (Maiden) First Middle

Have you ever gone by another name? ___ Yes (include on Authorization sheet) ___ No

Home Phone: _____ Business Phone: _____

Present Address: _____
_____ City State Zip Code

Date of Birth ____/____/____ Gender: ___F ___M

Do you plan to be a driver? ___No ___Yes [Program(s): _____]
(If YES, please include requested information on Authorization form, along with photocopy of license.)

Do you use illegal drugs? _____

Have you ever been charged with child neglect or abuse? _____

Have you ever been convicted of or pleaded guilty to a crime (other than minor traffic offenses)?
___ No ___ Yes (If Yes, please explain, attach separate page if necessary.)

Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance and care of young people? (If yes, explain.) _____

Please indicate training you have received and date of expiration:
_____ CPR _____ First Aid _____ Medical Training

Health issues which might limit your ability to serve _____

Days and times you are available _____

Authorization and Request for Criminal Records Check

I, _____ hereby authorize St. Luke's Methodist Church to request the relevant police/sheriff's department to release information regarding any record charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is local, state or national file, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by state and federal law. I do release said police/sheriff's department from all liability that may result any such disclosure made in response to this request.

Signature of Applicant

Date

Print applicant's full name: _____

Print all other names that have been used by applicant (if any):

Addresses for the Past 5 Years: _____

Place of Birth: _____

Driver's License Number: _____ State Issuing License: _____

License Expiration Date: _____

[To be completed by St. Luke's United Methodist Church Official]

Request for Criminal Records Sent To:

Name: _____

Address: _____

Phone Number: _____

Date Sent: _____

Date Received: _____