

## Staff/Volunteer Information Form

The information obtained on this form is for internal use by Franklin First United Methodist Church only. Please provide all information requested.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (H): \_\_\_\_\_ Phone (W): \_\_\_\_\_ Phone (C): \_\_\_\_\_

E-mail address: \_\_\_\_\_

Are you a member of FUMC Franklin? \_\_\_\_\_ If so, date of membership: \_\_\_\_\_

Names and addresses of other churches attended regularly during the past five (5) years:

\_\_\_\_\_  
\_\_\_\_\_

Describe your background working with children/youth. Include information about any church related, volunteer, and paid experience you may have.

\_\_\_\_\_  
\_\_\_\_\_

Groups in which you are currently active (church, civic, professional, etc.):

\_\_\_\_\_  
\_\_\_\_\_

References: Please list three personal references (people who are not related to you by blood or marriage) that you have known for at least 3 years. References are confidential.

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Relationship to reference: \_\_\_\_\_

Length of time you have known reference: \_\_\_\_\_

E-mail of reference: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
Relationship to reference: \_\_\_\_\_  
Length of time you have known reference: \_\_\_\_\_  
E-mail of reference: \_\_\_\_\_

3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
Relationship to reference: \_\_\_\_\_  
Length of time you have known reference: \_\_\_\_\_  
E-mail of reference: \_\_\_\_\_

Circle *Yes* or *No* for each of the following questions:

Have you ever been convicted of any criminal offense:	Yes	No
Have you ever been charged with or convicted of child neglect or abuse?	Yes	No
Have any complaints of misconduct involving children ever been made against you?	Yes	No
Have you been convicted of the possession, use, or sale of drugs?	Yes	No

Please explain fully any *Yes* answers to the above questions.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In addition to the above, is there any fact or circumstance involving you or your background that would call into question you being entrusted with the supervision, guidance, and care of young people? If so, explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The information I have provided may be verified by contacting people or organizations that may have information concerning me. I hereby release and agree to hold harmless from liability any person or organization that provides information, and this release may be sent to any reference. I also agree to hold harmless Franklin First United Methodist Church and the officers, employees, and volunteers thereof from any use of this application or information. I waive any right that I may have to inspect references provided on my behalf. I certify that the information I have provided is true and correct. If it is found that the answers given are untrue, I understand that it may be cause for dismissal.

Signature \_\_\_\_\_ Date \_\_\_\_\_