

**Rehoboth United Methodist Church
Safe Sanctuaries Volunteer Covenant**

To be completed by volunteer and submitted to staff:

The congregation of Rehoboth UMC is committed to providing a safe and secure environment for all children, youth, and adults who participate in ministries and activities sponsored by the church. The following statements reflect our congregation's commitment to preserving this church as a holy place of safety and protection for all who would enter, and as a place in which all people can experience the love of God through relationships with others.

Please answer the following questions:

1. As a volunteer of Rehoboth UMC, do you agree to observe and abide by all church policies regarding working in ministries with children, youth, and vulnerable persons?
Yes _____ No _____

2. As a volunteer of Rehoboth UMC, do you agree to observe the “**Fundamental Safe Sanctuaries Procedures**”?
Yes _____ No _____

3. As a volunteer of Rehoboth UMC, have you participated in **Safe Sanctuaries Training**?
Yes _____ No _____

4. As a volunteer of Rehoboth UMC, do you agree to promptly report abusive or inappropriate behavior to your supervisor?
Yes _____ No _____

5. I have read the Rehoboth UMC **Safe Sanctuaries Policy**. I agree to abide by this policy and to partner with the church in providing a safe environment for our children, youth, and vulnerable persons.
Yes _____ No _____

I have read this Safe Sanctuaries Participation Covenant Statement and I agree to observe and abide by the policies set forth above.

Signature: _____

Date: _____

**Rehoboth United Methodist Church
Safe Sanctuaries Volunteer Application Form**

To be completed by volunteer and submitted to staff:

Name: _____ Date of Birth: _____

Address: _____

City: _____ ST: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Occupation: _____

Email Address: _____

Do you have a current Driver's License? Yes _____ No _____ If yes, License #: _____

If volunteering as a driver, please provide insurance company name & phone # (provide a copy of insurance card):

For what areas of ministry would you like to volunteer (please circle all that apply):

- | | | |
|------------------------|---------------------|--------------|
| Children Sunday School | Youth Sunday School | VBS/PNO |
| Nursery | Transportation | Youth Events |
| Congregational Care | Confirmation | UMYF |

Why would you like to volunteer as a worker with children, youth, or vulnerable adults? _____

What gifts and experiences do you have that would help you work with children, youth, or vulnerable adults? _____

List any work and/or volunteer experiences involving children, youth, or vulnerable adults: _____

Special interests, hobbies, and skills: _____

How often are you available to volunteer? _____

What date would you like to begin? _____

What are your expectations of Rehoboth UMC in this voluntary ministry experience? _____

How long have you been a member of Rehoboth UMC? _____

What areas/ministries have you been involved with at Rehoboth UMC? _____

Are you willing to attend the required volunteer training session(s)? Yes _____ No _____

Were you a victim of abuse or molestation when you were a minor? Yes _____ No _____

If yes, the clergy would like to discuss your answer in confidence.

Have you ever been convicted of or pleaded guilty to a crime? Yes _____ No _____

Do you use illegal drugs? Yes _____ No _____

Have you ever been charged with child neglect, abuse, or sexual abuse? Yes _____ No _____

Has your driver's license ever been suspended or revoked? Yes _____ No _____

Have you ever had a DUI? Yes _____ No _____

Is there any other circumstance in your background that might call into question your being entrusted with the supervision of minors? Yes _____ No _____

If you answered YES to any of the above, please explain in detail: _____

Are you willing to sign a release for a criminal history background check? Yes _____ No _____

References

If you are not a current member of Rehoboth UMC or have been a member less than six months, please provide 3 personal references who: have known you for at least 3 years, are not related to you by blood or marriage, and do not live in the same household.

Name: _____

Address: _____

Phone numbers (daytime, evening, & cell): _____

Email: _____

Relationship to Reference: _____

Name: _____

Address: _____

Phone numbers (daytime, evening, & cell): _____

Email: _____

Relationship to Reference: _____

Name: _____

Address: _____

Phone numbers (daytime, evening, & cell): _____

Email: _____

Relationship to Reference: _____

Date