

# CHILD/YOUTH SCREENED ADULT APPLICATION



Name: \_\_\_\_\_

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

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

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

E-Mail Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Current Job Responsibilities: \_\_\_\_\_

Previous experience with Children/youth: \_\_\_\_\_

Why do you want to work with Children/Youth? \_\_\_\_\_

What gifts, education, training, or interests do you have that would help you work with children/youth? \_\_\_\_\_

What are your views on appropriate ways to discipline? \_\_\_\_\_

Have you ever been charged with, convicted of, or plead guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, or other crimes of violence, theft or serious motor vehicle violations)? Yes or No

If "Yes", please explain: \_\_\_\_\_

Have you ever had to deal with a child abuse situation in any way, including being abused, being accused of abuse, knowing someone who was abused, etc.? Yes or No

If Yes, please explain: \_\_\_\_\_



# CHILD/YOUTH SCREENED ADULT APPLICATION



If Yes, what was your role:

\_\_\_\_\_

**References:** Please list three personal references (i.e., people who are not related to you by blood or marriage) and provide a complete address and phone number for each.

Name: \_\_\_\_\_

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

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

Relationship to Applicant: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

Relationship to Applicant: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

Relationship to Applicant: \_\_\_\_\_

Do we have your permission to contact these references as well as anyone else to obtain information about you for the purpose of considering you for a position of one who would work with children and / or youth? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Do we have your permission to share this information with those persons who will participate in acting on this Application? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Form Reviewed By



# **BACKGROUND CHECK DISQUALIFYING CONVICTIONS/ARRESTS**



## **Disqualifying Convictions/Arrests**

FS 435.04., which applies only to employment by a licensed child care facility, provides useful guidelines regarding the offenses which should disqualify a paid staff person or volunteer from working with children/youth in other non-licensed settings. The list of disqualifying offenses under FS 435.04 includes the following:

1. Any offenses listed in s. 943.0435 (1) (a) 1, relating to the registration of the individual as a sexual offender.
2. Section 393.135, relating to sexual misconduct with certain developmentally disabled clients and the reporting of such sexual misconduct.
3. Section 394.4593, relating to sexual misconduct with certain mental health patients and the reporting of such sexual misconduct.
4. Section 775.30, relating to terrorism.
5. Section 782.04, relating to murder.
6. Section 787.01, relating to kidnapping.
7. Any offense under Chapter 800, relating to lewdness and indecent exposure.
8. Section 826.04, relating to incest.
9. Section 827.03, relating to child abuse, aggravated child abuse, or neglect of a child.

Conviction or pleading guilty or *nolo contendere*, to any of the offenses listed above (or to similar offenses under the law of any other jurisdiction) shall disqualify an individual from a position involving working with children/youth. Conviction or pleading guilty or *nolo contendere* to any other felony offense or to criminal conduct involving minors under Florida law or any similar statute of another jurisdiction should be seriously considered as a factor that would disqualify an individual from employment or serving as a volunteer in a position involving work with children/youth.

Anyone whose background check indicates a pending arrest for any offense listed above shall not be approved to work with children/youth unless and until the arrest has been resolved in such a way that does not result in a conviction or plea of guilty or *nolo contendere*.



# **PARTICIPATION COVENANT STATEMENT**



The congregation of First United Methodist Church Ormond Beach is committed to providing a safe and secure environment for all children, youth, and volunteers who participate in ministries and activities sponsored by the church. The following policy statement reflects 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.

No adult who has been convicted of child abuse (either sexual abuse, physical abuse, or emotional abuse) should work with children or youth in any church-sponsored activity.

All adults involved with children or youth of our church must have been active participants of the congregation for at least six months before beginning a volunteer assignment.

All adults involved with children and youth of our church shall observe the Child Protection Policy at all times.

All adults involved with children and youth of our church shall attend regular training and educational events provided by the church to keep volunteers informed of church policies and laws regarding child abuse.

All adults involved with children and youth of our church shall immediately report to their supervisor any behavior that seems abusive or inappropriate.

I have participated in the Child Youth Protection Policy and agree to all policies regarding working with Children and Youth.  Yes  No

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name





# MEDICAL RELEASE STATEMENT



First United Methodist Church | 336 S. Halifax Dr. Ormond Beach, FL 32176 | 386.677.3581 | firstunited.org

Minor Name: \_\_\_\_\_

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

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

Grade: \_\_\_\_\_ Age: \_\_\_\_\_

To: Any military, government, public or private hospital and doctors

I hereby authorize the performance of any necessary emergency medical surgical procedures under local and general anesthesia, which may be advised by the attending physicians of my minor child while a patient of any U.S. hospital. Furthermore, I respectfully request the use of any of the hospital's services or facilities, which may be regarded as necessary, or beneficial in the performance of said procedure.

I agree to hold the hospital and doctors harmless from any liability in the treatment or admissions of my above named minor when practicing medicine according to current standards and knowledge.

I give permission for the adult in whose care the minor has been entrusted to speak on my behalf in the event of any emergency.

Let this be your authority to treat and admit my minor child, until I am able to arrive at your hospital and formally sign the necessary papers. It is understood that this authorization is given in advance of any specific diagnosis or emergency treatment being rendered.

The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such services rendered to the aforementioned minor child pursuant to this authorization.

Allergies: \_\_\_\_\_

Chronic Illnesses: \_\_\_\_\_

Drugs and/or Medicines currently being taken: \_\_\_\_\_

When are they taken: \_\_\_\_\_

Minor is permitted to take Tylenol or Advil for headache: Yes \_\_\_\_\_ No \_\_\_\_\_

Minor is permitted to take \_\_\_\_\_ for fever.

Minor is permitted to take \_\_\_\_\_ for cold and flu symptoms.

Is minor subject to motion sickness? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, medication permitted to take \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospitalization Carrier: \_\_\_\_\_ Policy No. \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent or Legal Guardian (print or type name) \_\_\_\_\_

Address, City, State and Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

## DO NOT SIGN UNTIL IN THE PRESENCE OF A NOTARY

Parent's or Legal Guardian's Signature: \_\_\_\_\_

State of Florida, County of \_\_\_\_\_ SS.

On this \_\_\_\_\_ day of \_\_\_\_\_ (month) \_\_\_\_\_ (year) \_\_\_\_\_ (name of signer)

personally appeared before me at \_\_\_\_\_ (city) and is personally known to me, or has produced \_\_\_\_\_ (Type of Id) \_\_\_\_\_ (Id No.) as evidence to be the person named in this document.

Notary Public \_\_\_\_\_

*This form good for one year from date notarized.*



# CHILD/YOUTH EMPLOYEE APPLICATION



Full Name: \_\_\_\_\_

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

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

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

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Current Job Responsibilities: \_\_\_\_\_

Previous Experience with Children/youth: \_\_\_\_\_

Availability to Work? (Check One or More)

Days: \_\_\_\_\_ Evenings: \_\_\_\_\_ Weekends: \_\_\_\_\_

Can You Make a One-Year Commitment? Yes or No

Do You Have Your Own Transportation? Yes or No

Why do you want to work with Children/Youth?

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

What gifts, education, training, or interests do you have that would help you work with Children/Youth?

\_\_\_\_\_

What are your views on appropriate ways to discipline?

\_\_\_\_\_

Have you ever been charged with, convicted of, or plead guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, or other crimes of violence, theft or serious motor vehicle violations)? Yes or No

If "Yes" explain:

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

Have you ever had to deal with a child abuse situation in any way, including being abused, being accused of abuse, knowing someone who was abused, etc.? Yes or No



# CHILD/YOUTH EMPLOYEE APPLICATION



If Yes, please explain:

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If Yes, what was your role:

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References: Please list three personal references you have known for three or more years (i.e., people who are not related to you by blood or marriage) and provide a complete address and phone number for each.

Name: \_\_\_\_\_

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

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

Relationship to Applicant: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

Relationship to Applicant: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

Relationship to Applicant: \_\_\_\_\_

Do we have your permission to contact these references as well as anyone else in order to obtain information about you for the purpose of considering you for a position of one who would work with children and / or youth? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Do we have your permission to share this information with those persons who will participate in acting on this Application? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Form Reviewed By









# REFERENCE CHECK

May be conducted via phone or email



Applicant name: \_\_\_\_\_

Reference name: \_\_\_\_\_

What is your relationship to the applicant? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

How well do you know the applicant? \_\_\_\_\_

How would you describe the applicant? \_\_\_\_\_

How would you describe the applicant's ability to relate to children/youth?  
\_\_\_\_\_

How would you describe the applicant's leadership abilities? \_\_\_\_\_

How would you describe the applicant's ability to relate to adults? \_\_\_\_\_

How would you feel about having the applicant as a volunteer worker with your child and/or youth? \_\_\_\_\_

Do you know of any characteristics that would negatively affect the applicant's ability to work with children or youth? If so, please describe.  
\_\_\_\_\_

Do you have any knowledge that the applicant has ever been charged with or convicted of a crime? If so, please describe.  
\_\_\_\_\_

Is there any reason this person should not work with children or youth?  
\_\_\_\_\_

Please list the names of other people you feel it would be beneficial for us to contact before making a decision on whether or not the Applicant should work with children or youth and please indicate a means of contacting them.

Please list any other comments you would like to make:

\_\_\_\_\_ Mailed \_\_\_\_\_ Called \_\_\_\_\_ Time/Date \_\_\_\_\_

Reference inquiry completed by: \_\_\_\_\_  
Signature Date

Thank you very much for your response!

You may return this form to: \_\_\_\_\_







# REFERENCE CHECK LETTER



DATE

Dear NAME,

Reference Name has applied to volunteer in children's ministry at First United Methodist Church in Ormond Beach, Florida. As part of our screened adult process we ask for three references, you are one of them. If you would please fill out the form enclosed and return it to us in the envelope provided as soon as you can.

Thank you and have a blessed day.

Sincerely,

A handwritten signature in black ink that reads "Caitlin Booth".

Caitlin Booth  
Director of Children's Ministries  
First United Methodist Church  
336 S. Halifax Dr.  
Ormond Beach, FL 32176



# PHOTO/COMMUNICATION CONSENT



## Photo Permission FOR CHILDREN, YOUTH and ADULTS

### PARENT OR LEGAL GUARDIAN OF CHILD/YOUTH

I **Do** or **Do Not** (Circle One) give permission for still or video pictures of myself or my child to be used for promotional purposes.

### Consent Form for Electronic Communications with Children/Youth

My child, \_\_\_\_\_ ("Participant"), has my permission to receive communications from First United's Director of Children/Youth Ministry or [other designated leader of specific children's/youth activities or programs]

I understand that such electronic communications may be made via telephone, cell phone, text messaging, e-mail, the Church's social media accounts, or other electronic means.

**Please note:** By providing the email address and/or cell phone number of a minor Participant, the parent or guardian grants permission for electronic communication from the group leader to the Participant in regard to all group activities in which Participant participates.

Participant's e-mail: \_\_\_\_\_

Participant's cell phone: \_\_\_\_\_

**Do**      **Do Not**

I  or  insist that I be copied on all emails.

I  or  insist that I be copied on all texts or messaging.

I  or  insist that those permitted to communicate with my child become my friend on Facebook before communicating with my child.

I further understand that Children and Youth Ministries will use the Internet as an aid in teaching lessons during Sunday School, and Children's Church. All computers accessible to Children and Youth have parental controls in place.

I understand it is my responsibility to update the information below if it changes.

Name of Parent/Guardian: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Parent/Guardian Cell Phone/Telephone: \_\_\_\_\_

Parent/Guardian E-Mail: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_





# INTERVIEW GUIDELINES



There are a number of interview questions that can help in determining the motives behind why people want to work with children. Other questions can help to identify traits often found in child abusers. By asking questions, keeping notes and sharing your concerns and thoughts with other interviewers you may be able to screen-out potential abusers in the early stages of the pre-employment process.

- Tell me about yourself. This begins the interview with less threatening, open-ended questions. It allows the candidate some control in what he/she wants to share. They often reveal information in response to this question that you could not or would not think to ask.
- Summarize your employment history. Look for frequent moves, gaps in employment, and reasons for termination.
- Tell me about your experiences with children. Have you worked or volunteered for other youth serving organizations? Watch for adults whose lives seem to revolve around spending time with children.
- Share with me a favorite family memory. Adults raised in abusive households may have issues that they haven't dealt with. The majority of abusers have been abused as a child.
- What strengths can you bring to this job?
- Why do you want to work with children? Once again, watch the candidate who is too child focused or those who want to work with children because they are "pure", "innocent", "trusting", "non-judgmental", "clean", etc. Adults should want to work with children because they have something to offer children. Beware of the adult who wants to work with children because children meet them- adult needs for control, love, or affection.
- What do you do in your spare (leisure) time? What are your hobbies or interests? Watch for those who prefer to spend their free time with children and those whose hobbies are more appealing to children than they are to most adults (i.e., video games, photography, models, magic, etc.).
- What ages of children do you prefer to work with? Child sexual abusers generally have a specific age they prefer. Does the candidate indicate a preference for sex, age, certain traits?
- Do you have any reservations about working with children of different ages? Same as above.
- Do you think there are any reasons to treat boys and girls differently? Listen closely to



# INTERVIEW GUIDELINES



their reasons or rationale. Does it feel right?

- How were you disciplined as a child? How did you feel about this way? Watch for families that used physical punishment as a method to resolve problems. Does the candidate have unresolved issues related to their upbringing or do they condone this type of discipline?
- What do you consider acceptable discipline? Watch for the adult who needs to control or those with positive attitudes toward corporal punishment. Listen for signs that the candidate may use psychological abuse to punish. Does their response indicate that they lack respect for children's thoughts and feelings?
- How do you tend to deal with stress? Can the candidate recognize when they are under stress? Do they have a plan for dealing with it? Is it acceptable? What makes you angry? How do you deal with anger? Same as above.
- If you saw another teacher/staff/volunteer, one you liked and respected, strike a child, what would you do? Make sure at some point the candidate plans to tell a supervisor.
- Have you ever been reprimanded at work? For what? Was the reprimand related to their ability to deal with children?
- Who are your best friends? Adult's best friends should be other adults.
- Do you relate better with adults or with children? Why? Be cautious of anyone who relates better to children than adults.
- How would you react to any accusation of child abuse? Watch for a comfort level, a reasonable response, a panic look, a carefully thought out manipulative response.
- What would you do if a child told you a secret? Make sure the candidate does not make a promise not to tell.
- What would you do if a child asked you a question about sex? Is the candidate comfortable with the topic? Do they share only what the child is asking?
- Ask other "what if questions. Watch for a candidate whose responses are consistent with your philosophy, who asks other staff for help and support; one who is a team player. Note how quickly they resort to punitive punishment and how realistic or honest the responses are.
- Ask other interview questions pertinent to the position you're interviewing for.

Be cautious of candidates who seem overly anxious to be hired, those who seem "too smooth" and those who try to take over the interview.

