

Unitarian Universalist Church of Amherst Faith Development Volunteer/Worker Application

Thank you for your interest in working with our congregation!

We take seriously our responsibility of assuring the safety of our children and youth, and in fact providing a safe place for all our members.

Please complete this form and give it to the Director of Faith Development or Minister.
If completed online with your electronic signature, this form shall be sent to the Director of Faith Development and/or Minister. This form shall be kept on file in a secure location.

Last Name		First		Middle	
Street Address			Apt/Suite		
City	State	Zip	Preferred Email Address		
Social Security Number		Home Phone		Cell Phone	
Date of Birth		Number of years at current address?			

If you have not lived your current address for at least 5 years, please list 2 previous addresses:

Address: _____ dates: _____
Address: _____ dates: _____

Current or most recent employer:

Organization's name: _____ Telephone _____
Supervisor: _____ Email/telephone number: _____
Address _____ Number of years at current employment: _____

List the two most recent paid or volunteer places where you have worked with children, not including your most recent employer:

Organization's name: _____ contact: _____
Address & telephone number: _____

Organization's name: _____ contact: _____
Address and telephone number: _____

Name, contact and address of other organizations in which you are involved:

Organization's name: _____ contact: _____
Address: _____
Organization's name: _____ contact: _____
Address: _____

What are the most recent congregations where you have been a member or participant?

Congregation's name: _____ contact: _____
Address & Phone: _____
Congregation's name: _____ contact: _____
Address & telephone: _____

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Please list two references who are not relatives, have known you for at least 3 years and are familiar with your character, preferably as it pertains to your experience with children:

Reference name: _____ Telephone: _____

Address: _____ Email _____

Reference name: _____ Telephone: _____

Address: _____ Email _____

Please answer yes or no to the following questions:

Have you ever been convicted of a crime against a person, including but not limited to rape, incest, sexual exploitation of a minor, or sexual or physical assault of a minor? _____

Have you ever resigned from employment or been disciplined or terminated by an employer for reasons related to sexual misconduct or child abuse? _____

Have you ever been convicted of a felony? _____

Is there anything that the UUCA needs to know about your background that would call into question your being entrusted with the supervision of children or youth? _____

If you have written yes to any of the above, the Director of Faith Development or Minister shall contact you and discuss how this information may affect your participation.

By signing below, you agree to and understand the following:

- I authorize the Director of Faith Development, Minister or the person he or she designates to contact these references, employers and other congregations as described in this form to provide further information about me.*
- I understand that all persons who wish to work with youth are required to be active participants in the congregation for at least 6 months or be vetted by Church leadership prior to working with children.*
- I also authorize the UUCA to run a criminal background check on me.*
- I understand that the honest disclosure of this information is essential to a successful relationship with UUCA.*
- I agree that, if approved to work with children and youth in the congregation, I will complete a child abuse and sexual misconduct prevention training program.*
- I understand that all persons working with children shall adhere to our two responsible person policy.*

Signature: _____ Printed Name: _____

Date: _____

If you have question or concern and would like support, feel free to contact the Minister or Director of Faith Development to schedule an appointment. Thank you!