



WEST MICHIGAN CONFERENCE OF THE UNITED METHODIST CHURCH

VOLUNTEER STAFF PERSONNEL RECORD and

APPLICATION: CARE PROVIDERS FOR VULNERABLE ADULTS, CHILDREN AND YOUTH

NAME _____ DATE OF BIRTH _____ TODAY'S DATE _____

ADDRESS _____

CITY, STATE, ZIP _____

E-MAIL ADDRESS: _____

CAMP YOU ARE BEING INVITED TO SERVE IN:

Camp Dean _____ Dean's Address _____

Age Level _____ Type of Camp _____ Camp Date _____

EMPLOYMENT RECORD: Current and last two employers (covering 10 years):

Name, Address & Phone	Years	Months
_____	_____	_____
_____	_____	_____
_____	_____	_____

Upon completion of a criminal background check through the Michigan State Police, are there any issues of which we need to be aware? (Circle one) Yes No

Upon completion of a Central Registry Check through the Michigan Department of Human Services, are there any issues of which we need to be aware? (Circle one) Yes No

If Yes for either, please explain: _____

List all permanent addresses at which you have resided within the last 10 years:

Address	City	County	State	Zip
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MINISTRY SETTINGS AND LIFE EXPERIENCES

(Ministry setting would include churches, campus ministries, camps or other faith communities.) List name and address of all ministry settings you had involvement with in the past 5 years.

Present Local Church: _____ Member? _____ How Long? _____

Address _____ Pastor _____

Local Church: _____ Member? _____ How Long? _____

Address _____ Pastor _____

Local Church: _____ Member? _____ How Long? _____

Address _____ Pastor _____

Group Leadership Experiences you have had:

Experiences working with vulnerable adults, children or youth:

What camping experienced have you had, either as a camper or counselor?

List any special gifts, training, education or other factors that have prepared you for this job:

What expectations do you have for this camping experience? What do you hope will happen?

APPLICANT'S STATEMENT AND SIGNATURE

I authorize any references, ministry settings, or employers listed in this application to give you any information (including opinions) regarding my character and fitness for ministry with vulnerable adults, children, and youth. I also give permission to check my criminal history with law enforcement agencies, including but not limited to local, county, state and federal agencies. I release, discharge and agree to hold harmless from liability any person or organization that provides information provided they do so in good faith and without malice. This release form may be sent to any reference. I waive any right to inspect references provided on my behalf.

The information that I have provided may be verified by contacting persons or organizations listed in this application. I also agree to hold harmless the West Michigan Conference of the United Methodist Church, and the officers, employees, and volunteers thereof from any use of this application or information.

I certify that the information I have provided is true and correct. If it is found that the answers given are untrue, I understand it may be cause for dismissal.

Should my application be accepted, I agree to be bound by and follow the Abuse Prevention Policy of the West Michigan Conference of the United Methodist Church (www.westmichiganconference.org then click on Resources). This includes my understanding and agreement that any allegation against me of abuse will be reported by the Conference to the Children's Protective Services.

I understand that my name will be on a list of certified care providers for confirmation purposes only. I have read this waiver and the entire application and I am fully aware of its content. I sign this consent freely and under no duress nor coercion.

Applicant's Signature _____ Date: _____

Witness's Signature _____ Date _____

PERSONAL REFERENCE #1

The space below is for a written evaluation of the counselor/applicant and should constitute the recommendations for the counselor to serve on the Dean’s Camp Staff and to be certified as a person fit to serve as a care provider for Conference events where care is given to vulnerable adults, children or youth. Please mail to the Dean and address listed below.

Applicant’s Name: _____

Please respond to the following questions: How long and in what capacities have you know the applicant? How would you describe the applicant’s ability to work with vulnerable adults? Children? Youth? Other adults? How would you describe the applicant’s leadership abilities? Do you have any personal knowledge of the applicant’s abuse of drugs or alcohol or of any behavior that could be described as abuse or sexually inappropriate? Do you know of any reason why this person should not work with vulnerable adults, children or youth? Would you feel comfortable entrusting this person with the care of your loved one?

Signature: _____ **Date:** _____ **Phone:** _____

RETURN THIS FORM TO:

Dean’s Name: _____

Dean’s Address: _____

Dean’s E-Mail Address: _____

PERSONAL REFERENCE #2

The space below is for a written evaluation of the counselor/applicant and should constitute the recommendations for the counselor to serve on the Dean’s Camp Staff and to be certified as a person fit to serve as a care provider for Conference events where care is given to vulnerable adults, children or youth. Please mail to the Dean and address listed below.

Applicant’s Name: _____

Please respond to the following questions: How long and in what capacities have you know the applicant? How would you describe the applicant’s ability to work with vulnerable adults? Children? Youth? Other adults? How would you describe the applicant’s leadership abilities? Do you have any personal knowledge of the applicant’s abuse of drugs or alcohol or of any behavior that could be described as abuse or sexually inappropriate? Do you know of any reason why this person should not work with vulnerable adults, children or youth? Would you feel comfortable entrusting this person with the care of your loved one?

Signature: _____ **Date:** _____ **Phone:** _____

RETURN THIS FORM TO:

Dean’s Name: _____

Dean’s Address: _____

Dean’s E-Mail Address: _____

PERSONAL REFERENCE #3

The space below is for a written evaluation of the counselor/applicant and should constitute the recommendations for the counselor to serve on the Dean’s Camp Staff and to be certified as a person fit to serve as a care provider for Conference events where care is given to vulnerable adults, children or youth. Please mail to the Dean and address listed below.

Applicant’s Name: _____

Dean’s Name: _____ **Address:** _____

Please respond to the following questions: How long and in what capacities have you know the applicant? How would you describe the applicant’s ability to work with vulnerable adults? Children? Youth? Other adults? How would you describe the applicant’s leadership abilities? Do you have any personal knowledge of the applicant’s abuse of drugs or alcohol or of any behavior that could be described as abuse or sexually inappropriate? Do you know of any reason why this person should not work with vulnerable adults, children or youth? Would you feel comfortable entrusting this person with the care of your loved one?

Signature: _____ **Date:** _____ **Phone:** _____

RETURN THIS FORM TO:

Dean’s Name: _____

Dean’s Address: _____

Dean’s E-Mail Address: _____

PASTOR: Please fill out the section below and mail the completed form to the Dean whose name and address appears below. Please respond to the questions listed below. In addition, give any impressions you have regarding this applicant's Christian Journey, his/her involvements in the church, leadership experiences in the church, etc.

Applicant's Name: _____

Please respond to the following questions: How long and in what capacities have you know the applicant? How would you describe the applicant's ability to work with vulnerable adults? Children? Youth? Other adults? How would you describe the applicant's leadership abilities? Do you have any personal knowledge of the applicant's abuse of drugs or alcohol or of any behavior that could be described as abuse or sexually inappropriate? Do you know of any reason why this person should not work with vulnerable adults, children or youth? Would you feel comfortable entrusting this person with the care of your loved one? How long has this person been a member? If not a member, how long has he/she been involved in the church and how active has been his/her participation? (Please use other side if needed.)

Signature: _____ **Date:** _____ **Phone:** _____

Church: _____ **Address:** _____

RETURN THIS FORM TO:

Dean's Name: _____

Dean's Address: _____

Dean's E-Mail Address: _____