BETHEL INTERNATIONAL UNITED METHODIST CHURCH

EMPLOYMENT APPLICATION

The goal of Bethel International United Methodist Church is to provide a safe and secure environment for all youth, children, congregational members, and workers who are involved in our ministry. Our purpose is to lead others into a meaningful relationship of love and trust with Jesus. To facilitate this emphasis, it is necessary to gather pertinent information from those who desire employment. We use the information from this application and the screening process to help the church provide a safe and secure environment, and to review the applicant's abilities to meet the job description.

Name _____ Date _____

Present Address, City, Zip _____

Previous Address, City, Zip _____

Length of time at current address? _____ Length of time at previous address? _____

Current Home Phone _____ E-mail address _____

Social Security Number _____

Position applied for: _____

Do you have a valid driver's license? _____ License number _____

Do you have auto insurance? _____ Name of carrier _____

Are you certified in Basic First Aid? _____ in CPR? _____ Adult / Child / Infant *(please circle which)*

Other certification(s)? _____

Date for recertification(s)? _____

EDUCATIONAL BACKGROUND:

	Name	Graduate?	Degree or study course
High School			
College			
Continuing Education/Other			

PREVIOUS WORK EXPERIENCE:
Please list your work experience from the past five years.

Employer	Phone #	Dates employed	Job title or Responsibilites	Supervisor

PREVIOUS VOLUNTEER EXPERIENCE:
For any relevant volunteer positions you have held, please list the name, address, and phone number of the volunteer organization; the duties you performed; and the dates of your volunteer service.

_____

_____

_____

_____

What church affiliation do you have (if any)? _____

Pastor's Name _____ Phone _____

How long have you attended there? _____ Are you a member? _____

Please explain how you are prepared for the desired position: _____

_____

Have you ever pled guilty to or been convicted of sexual misconduct or child abuse? _____

If yes, please provide details: _____

_____

Have you ever been involved in the reporting of a child abuse occurrence? If so, what are your feelings about that experience? _____

_____

Have you ever been convicted of or pled guilty to a crime—either a misdemeanor or a felony—including but not limited to drug-related charges, child abuse, other crimes of violence, or theft? _____

If yes, please explain: _____

REFERENCES:
Please list three persons as professional references.

1. Name _____ Daytime Phone _____

Address _____ Evening Phone _____

Relationship: _____ Length of time known _____

2. Name _____ Daytime Phone _____

Address _____ Evening Phone _____

Relationship: _____ Length of time known _____

3. Name _____ Daytime Phone _____

Address _____ Evening Phone _____

Relationship: _____ Length of time known _____

BETHEL INTERNATIONAL UNITED METHODIST CHURCH

AFFIRMATION AND WAIVER

I affirm that, to the best of my knowledge, the information on this application is true and correct. I authorize this church to verify the information I have provided on this application by contacting the references, employers, organizations, or church I have listed, by conducting a criminal records check or by other means. This may include contacting others whom I have not listed. I authorize all references and employers to supply any information (including opinions) that may pertain to my character and fitness for the job for which I have applied. Regarding the information gathered pertaining to me; I release any individual, employer, organization, church or school from any and all liability for damages that may result to my family or me. In order to ensure confidentially, I waive my right to inspect any information provided about me by any person or organization.

Should my application be accepted and I become employed by Bethel International United Methodist Church, I agree to abide by and be bound by the policies of the church and the specific ministry requirements of the position for which I am applying. I agree to refrain from unscriptural conduct in the performance of my duties on behalf of Bethel International United Methodist Church.

I have carefully read this affirmation and waiver. I understand its contents, and I sign it freely and under no duress.

Applicant's
Signature _____ Date _____

Name (printed) _____

Witness _____ Date _____

BETHEL INTERNATIONAL UNITED METHODIST CHURCH

VOLUNTEER FORM

Name _____

Address _____

Home phone _____Cell phone _____

Social Security Number_____

How long have you been regularly attending Bethel? _____

Are you a member of this church ? _____

Volunteer position requested or area of interest_____

Employer or occupation_____

Current job responsibilities and schedule _____

Previous volunteer experience _____

_____

Special interests, hobbies, and skills _____

_____

How many hours are you available to volunteer? _____days _____evenings _____weekends

How long a commitment to this volunteer role are you considering?

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

_____

What qualities do you have that would help you work with children or youth?_____

_____

Would you be available for volunteer training sessions? _____Yes _____No

Have you ever been convicted of or pled guilty to a crime—either a misdemeanor or a felony—included but not limited to drug-related charges, child abuse, other crimes of violence, theft, or motor vehicle violations?

____No ____Yes – If yes, please explain: _____

_____

REFERENCES:
Please list at least two personal references (people who are not related to you by blood or marriage), one of whom is a regular attendee of Bethel International United Methodist Church. Please provide complete address and phone information for each. References are confidential.

1. Name _____ Home Phone_____

   Address_____ Cell/Other Phone _____

   Relationship to reference:_____

2. Name _____ Home Phone_____

   Address_____ Cell/Other Phone _____

   Relationship to reference:_____

3. Name _____ Home Phone_____

   Address_____ Cell/Other Phone _____

   Relationship to reference:_____

I hereby authorize Bethel International United Methodist Church to contact the references I have listed on this form. I understand that criminal records and background checks will be required. I also understand that at any time I could be required to be fingerprinted. I authorize the references to give you whatever information they may have regarding my character and fitness for the volunteer position for which I have applied.

Signature of Volunteer Applicant _____ Date _____

*** For Teen Volunteers ***
(parent or guardian must complete)

Has your child ever been convicted of or pled guilty to child abuse or a crime involving sexual molestation of a minor? _____ No _____Yes

I hereby give permission for my child (name) _____ to work as a volunteer with minors at Bethel International United Methodist Church.

Parent/Legal Guardian_____ Date _____

BETHEL INTERNATIONAL UNITED METHODIST CHURCH

Authorization and Request
for Background and Criminal Records Check

I hereby authorize Bethel International United Methodist Church to request _____ (agency) to release any information which pertains to any record of charges or convictions contained in its files or in any criminal file maintained on me whether local, state or national. This includes but is not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by state and federal law. I do release the stated agency from any and all liability resulting from such disclosures made in response to this request.

Signature _____ Date _____

Full Name (printed) _____

Date of Birth_____ Social Security Number _____

Print Maiden Name or any other names that have been used (if applicable)

_____

Drivers license number _____State _____

Request sent to: _____

Address _____

On date:_____ By _____

BETHEL INTERNATIONAL UNITED METHODIST CHURCH

REFERENCE FORM

Dear_____,

_____*(name of applicant)* has applied for the position of _____ at Bethel International United Methodist Church, and has given your name as a reference. One of our goals is to provide a safe and secure environment for our children, youth, congregational members and workers. To help us meet this need, could you please give us your responses to the following questions to assist us in our screening process? Thank you for your assistance.

Rev. Michael Pratt, Pastor
(614) 451-2085

How long, and how have you known the applicant? _____

_____

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

_____

_____

How would you describe the applicant?_____

_____

How would you feel about having the applicant work with your child or youth?

_____

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

_____

How would you describe the applicant's leadership abilities? _____

_____

Does the applicant have mature patience, tact and compassion for dealing with others in the general public, and occasional disruptions or difficult situations? _____

_____

Would you consider the applicant one who is a good team member, capable of following through on tasks, flexible, positive, and supportive of others?_____

_____

Do you have any knowledge that the applicant has ever been convicted of a crime or misdemeanor? If so, please describe._____

_____

Please list any other comments you would like to make:_____

_____

*Reference inquiry completed by*_____ *Date*_____

BETHEL INTERNATIONAL UNITED METHODIST CHURCH

VOLUNTEER GUIDELINES

Thank you for your interest in working with the children and youth of Bethel International United Methodist Church. Volunteers are a vital part of our ministry. We at Bethel take very seriously the safety of the children entrusted to our care. The following policies reflect our commitment to provide protective care of all children, youth and adult workers who participate in church ministries and activities. Therefore, we ask that anyone interested in working with our children and youth abide by the following guidelines:

- No volunteer will be allowed to work with minors until they have been a regular attendee and participant at Bethel for a minimum of six months.

- Persons desiring to work with children or youth shall be given a Volunteer Information Sheet and a Volunteer Form.

- A criminal records check will be conducted on all volunteers who apply to work with children. This must be done prior to working with children.

- Applicant will provide two references, one being a regular attendee of Bethel International UMC.

- A personal interview and, subsequently, orientation/training will be conducted with the applicant.

- Volunteer will be asked to sign a Volunteer Covenant Statement regarding Safe Sanctuary policies, which will be kept on file.

- Once an applicant is engaged to work with minors, a photo I.D. badge will be issued and must be worn at all times when working with minors in the church.

BETHEL INTERNATIONAL UNITED METHODIST CHURCH

VOLUNTEER COVENANT STATEMENT

The congregation of Bethel International United Methodist Church 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 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.

1. All adult volunteers involved with children or youth of our church must have been regular attendees and participants in the congregation for at least six months before beginning a volunteer assignment.

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

3. Adult volunteers with children and youth shall observe the "Unrelated Two-Adult Rule" at all times so that no adult is ever alone with children or youth. Teenagers may volunteer as helpers, assisting under the same two-adult rule.

4. Adult volunteers with children and youth shall attend the orientation training and safety events provided by the church to keep volunteers informed of church policies.

5. Volunteers will be given an identification badge, which they should wear whenever working with children or youth.

6. Adult volunteers shall immediately report to their supervising staff member any behavior that seems abusive or inappropriate.

I acknowledge that I have read and received a copy of the Safe Sanctuary Policy. As a volunteer in the congregation of Bethel International United Methodist Church, I agree to observe and abide by all church policies while working in ministries with children and youth. I agree to display appropriate behavior at all times while working with children, youth, and their families.

Signature of Volunteer _____

Print Name _____

Date_____

BETHEL INTERNATIONAL UNITED METHODIST CHURCH

VOLUNTEER DRIVER FORM

Name: _____

Address: _____

Home phone:_____Cell phone: _____

Driver's license number: _____

Make, Model, Year of vehicle:_____

Number of possible passengers (number of seatbelts): _____

Do you own your vehicle?_____ Is your auto insurance in your name? _____

If not, whose name? _____

Name of insurance company: _____

Policy number:_____

Public liability insurance coverage:

-Each person: _____

-Each accident:_____

-Property Damage: _____

Have you had a driving citation in the past 5 years? If yes, please explain:

_____

_____

Have you ever had your license suspended? If yes, please explain:

_____

_____

I agree to abide by the following safety rules:

1.) No more passengers than seatbelts.
2.) Seatbelt use is mandatory at all times.
3.) No passengers in the cargo areas of trucks or vans.
4.) No unsecured cargo/luggage in vehicle passenger compartment.
5.) A cell phone available in every vehicle.
6.) Observe all traffic laws and drive politely and defensively.

*Signature*_____

BETHEL INTERNATIONAL UNITED METHODIST CHURCH

CHILD & YOUTH REGISTRATION FORM

Print minor's name _____ Date _____

Address _____

Date of birth_____ Age_____ Male/Female _____

Parent/Legal guardian name_____

Address *(if different from minor)* _____

Home # _____ Parent work # _____Cell #_____

Youth phone _____ E-mail address_____

1. Emergency contact _____

   Relationship _____ Phone_____

2. Emergency contact _____

   Relationship _____ Phone_____

All allergies *(please include medications, foods, environmental):* _____

_____

Any medical conditions:_____

_____

Is child on any medications? If so, please list them: _____

_____

Please list persons whom you authorize to pick up your **preschool or kindergarten** child from activities. An adult must be the one to pick-up preschool or kindergarten children.

_____

_____

** **School-age children and youth** will be released after their class or activity is done, and parents will be responsible for making arrangements for where they will meet their child.

BETHEL INTERNATIONAL UNITED METHODIST CHURCH

Emergency Medical and Parent Authorization Form

Being the parent or legal guardian of *(print minor's name)* _____ ,
I *(print parent/guardian's name)* _____do give consent for him/her to participate in the activities, meetings, outings, trips, retreats, and events sponsored by Bethel International United Methodist Church.

I understand that all reasonable safety precautions will be taken by Bethel International United Methodist Church and its agents during church activities. I understand the possibility of unforeseen hazards and the inherent possibility of risk. I agree not to hold Bethel International United Methodist Church, its leaders, employees, or voluntary workers liable for damages, losses, diseases, illnesses, or injuries incurred by the minor subject of this form.

I understand that in the event medical intervention is needed, every attempt will be made to contact me. If I cannot be reached in an emergency, I hereby authorize and consent to emergency medical treatment, injection, anesthesia, x-ray, surgery, or dental care to be given to my son/daughter, as deemed advisable or necessary in the judgment of an emergency medical professional or physician.

As the parent or legal guardian, I am responsible for the health care decisions for my minor child, and I agree and understand that my insurance plan is the primary plan to pay for any dental, medical, or hospital care or treatment that is given to my child. Any policy of the church or organization sponsoring this event will be used as the secondary coverage.

Parent/Guardian signature_____Date_____

As an ADULT PARTICIPANT—in case of an emergency—I (*your name)* _____
, understand that every effort will be made to contact my spouse, _____ , if I am unable to give treatment consent for myself. If you are unable to reach my spouse, I hereby authorize and consent to emergency medical treatment for me, as stated above. I understand that my insurance plan is the primary coverage to pay for any dental, medical, or hospital care or treatment that is given.

Signature _____Date_____

BETHEL INTERNATIONAL UNITED METHODIST CHURCH

Participant Health Form

(This form should be completed annually and a copy should be taken on each trip.)

Name of participant: _____ Date of birth: _____

Address: _____

Phone #: _____ Sex: _____Height:_____ Weight:_____

Insurance and doctor information:

Do you have health insurance? _____ Name of insurance policy: _____

Policy number: _____Group number: _____

Name on policy: _____Insurance phone #: _____

Doctor's name: _____

City/State:_____Phone #: _____

Dentist's name: _____

City/State:_____Phone #: _____

Health information:

Please list current medications taken by participant including dosage: _____

_____

Please list any known pre-existing conditions:_____

_____

Please list all known allergies (including food):_____

_____

Date of last tetanus shot:_____

Does the participant wear contact lenses? _____ glasses? _____

List any known restrictions or other special physical or dietary needs: _____

_____

_____

Contact information:

Emergency contact:_____Address: _____

Phone #: _____ (home) _____(work) _____ (cell)

Backup contact:_____Address: _____

Phone #: _____ (home) _____(work) _____ (cell)

Participant signature: _____ Date completed:_____

Parent/guardian signature: _____ Date completed:_____

(for minor participant)

BETHEL INTERNATIONAL UNITED METHODIST CHURCH

Consent and Hold Harmless Form

(This form should be completed for each increased risk and offsite event and a copy should be taken on each trip.)

Name of activity:_____Date: _____

Participant's name: _____

Date of birth:_____Age:_____Sex: _____

Address: _____

Phone numbers:_____

I, _____ , *(printed name of parent/guardian)* being the parent or legal guardian of _____ *(printed name of minor)* have been informed of the above activity sponsored by Bethel International United Methodist Church and hereby give my consent for my minor child to participate in this activity. This will/may include the following specific events… *(please initial the events your child may participate in)*

I understand that all reasonable safety precautions will be taken by the leaders of this activity, and that the possibility of an unforeseen hazard does exist. I further agree not to hold Bethel International United Methodist Church, its leaders, employees, or volunteer staff liable for damages, losses, diseases, or injuries incurred by the minor listed on this form.

My minor child is to be excluded from the following activities: _____

_____

Parent/Guardian signature: _____Date signed: _____

BETHEL INTERNATIONAL UNITED METHODIST CHURCH

OCCURRENCE REPORT

Date_____Time _____ Preparer _____ Code #:_____

This is an: accident ( ) incident ( ) allegation ( ) other ( ) _____

How was the occurrence brought to your attention? _____

_____

Who was involved? Name, address, phone, age: _____

_____

_____

Any witnesses? Name, address, phone:_____

_____

Location, date, time of occurrence _____

Description of occurrence as reported or witnessed: _____

_____

_____

Were there visible injuries? If so, please list and state how they were treated:

_____

Was there property damage? If so, please state:_____

_____

What other aspects or details do you need to include? _____

_____

Reported to senior pastor? _____Date/time: _____

Summary_____

_____

Call to parents—Spoke with: _____Date/time_____

Summary: _____

_____

BETHEL INTERNATIONAL UNITED METHODIST CHURCH

OCCURRENCE REPORT FOLLOW-UP

Date_____ Time _____ Occurrence Code _____

Person Reporting:_____

Person(s) Involved:
Name, address, phone, age

_____

_____

Witnesses:
Name, phone, address

_____

_____

_____

Action Taken:

Is this an occurrence requiring mandatory reporting to authorities?_____

If the answer is yes, who was notified and when? _____

_____

Reported to Children Services Agency?_____Date/time_____

Reported to legal counsel? _____

Reported to Staff- Parish Chairperson? _____

Reported to Administrative Council Chairperson? _____

Reported to insurance agent?_____

Reported to United Methodist District Superintendent? _____

Other Action:

BETHEL INTERNATIONAL UNITED METHODIST CHURCH

STAFF SCREENING PROCEDURES

Welcome to Bethel International United Methodist Church! We are pleased that you are considering becoming a staff member. The following procedures must be done as part of the screening process.

#1 - Please complete the authorization "Request for Background and Criminal Records Check." This is part of our screening process in order to provide "Safe Sanctuary," or a safe and secure environment for all of our children, youth, workers and members at Bethel International UMC.

#2 - You need to complete a Fingerprint Card. If you have been a resident of Ohio for at least five years, you will be given the card for Civilian Background Check. If you have not been a five-year resident, you will be given the card for an FBI fingerprint and background check.

You have two options for this. You can take the enclosed card and go downtown to the police station on Front St. (for Columbus residents) or to the police station in the town where you live, and request your fingerprint check (no fee to you). Then return the card to the SPRC representatives. The church will mail the card with the fee to the appropriate Ohio agency for completion of the records check.

Or you can go to Action for Children on Jefferson (off Broad St.) and have your prints electronically scanned. They do this on Tuesday/Wednesday/Thursday from 10:00–2:00 p.m. You will need to bring a photo ID and $20 cash. They will ask you to fill out information on where the report is to be sent. The phone number there is 224-0222.

If you have already been fingerprinted within the past year, please complete only the "Request for Copy of Background Check" form, and return it to me.

(There is no longer 5 year residency requirement. Cost for Civilian Background Check is 25.00, The FBI Background check is $30.00 Cash and must have exact amount.)

BETHEL INTERNATIONAL UNITED METHODIST CHURCH

PAID WORKERS SCREENING PROCEDURE

One of the main objectives at Bethel International United Methodist Church is to provide a safe and secure environment for all persons who enter our building. This includes congregational members, workers, staff, visitors, and the children and youth who are entrusted to our care. In seeking to accomplish this objective, we follow a screening process for all paid employees.

1. Initial response to posted job need may be by Resume, which allows for basic review of applicants by the Staff-Pastoral Relations Committee. If an applicant is selected for interview, the screening process begins.
2. Written Application from applicant, which includes authorization and waiver to allow reference checks.
3. Three reference checks to persons unrelated to the applicant by blood or marriage, who have known the applicant at least three years. Standardized Reference Forms will be sent to each reference. When collecting a reference over the phone, the same form will be used to record the information, signed and dated for documentation.
4. Personal interview of applicant by Staff-Pastoral Relations Committee representatives.
5. When the reference checks and interview are completed and evaluated by the senior pastor and members of the Staff-Parish Relations Committee, a second interview may be scheduled for follow-up.
6. Any applicant being seriously considered for employment by Staff-Parish must sign the "Request for Background and Criminal Records Check Form" and undergo a criminal background records check and fingerprinting prior to being hired as a staff member.
7. The fingerprint and criminal records check information is obtained from the Ohio Bureau of Criminal Identification & Investigation, P.O. Box 365, 1560 State Route 56 SW, London, OH 43140. (740) 845-2000. Applicants who have been a resident of Ohio for the past five years are given a Civilian Background Check fingerprint card. Applicants from out of state are given an FBI fingerprint card (these cards are ordered from BCII). Complete the information on the "Civilian" card under Reason Fingerprinted by marking "Responsible for care, custody, control of children," and the Ohio Revised Code number is 3301.541. Our Agency Code is 3DC 135. For the FBI card, follow the directions on the back of the card.

   The applicant has three options for the fingerprints.

   #1- They can take the Fingerprint Card and go downtown to the police station on Front St. (for Columbus residents), or to the police station in the town where they live, request the fingerprint check (no fee) and then return the card to us. Bethel then checks the card for all information filled in, obtains a check from church treasurer for $15 to Treasurer, State of Ohio, and sends the card to address on card (do not fold or smear on fingerprints).

   #2- OR, the applicant can go to Action for Children on Jefferson (off Broad St.) and have their prints electronically scanned. AFC does this on Tuesday/Wednesday/Thursday from

10:00–2:00 p.m. Their phone number is 224-0222. The applicant needs to take a photo ID and $20 cash. AFC will ask them to fill out where the report is to be sent.

#3- IF the applicant HAS ALREADY BEEN FINGERPRINTED within the past year, they only complete the "Request for Copy of Background Check" form, and return it to Bethel. We complete the information for return address and agency number. A check is then obtained for $8, payable to Treasurer, State of Ohio, and the form mailed to Bureau of Criminal Identification and Investigation.

8. The new employee is given a copy of the Personnel Handbook, the Safe Sanctuary Policy, the Family Ministries Handbook, and the Youth Ministry Handbook (if relevant to position) to read. These handbooks and policies will be reviewed during an orientation/training time with the new employee. At that time a signed statement is completed that the handbooks have been read, understood, and the employee agrees to abide by these policies.

9. The screening process will generate a number of highly confidential documents. It is critical that the confidentiality of these documents be maintained. The following steps will be taken to protect confidentiality and prevent unauthorized access to the documents:

   a. Warning labels --> The documents will be marked "confidential." The file should have a label "Warning-Confidential Information-Read Carefully Only If Authorized! Only the senior pastor, a person designated by the Administrative Council, or person or members of the Staff-Pastor Relations Committee who have the responsibility to make personnel decisions should review the information. No other person is authorized to review these documents." Church staff should be notified that unauthorized access to confidential information, including employment-screening documents, would be grounds for possible dismissal.

   b. Locked file --> The screening documents shall be placed in a locked file and the key to the file shall be in the possession of a person who is authorized to review the documents.

   c. Disposal policy for documents of persons who are hired --> All employment documents pertaining to an applicant who is hired should be retained permanently by the church in a confidential file. Once the person is no longer in the employment of the church, all confidential documents should be placed in a sealed envelope and retained in a locked file.

   d. Disposal policy for documents of persons who apply but are not hired --> EEOC and state laws typically require retention of all employment applications for a period of three years. These documents serve as evidence if an allegation of discrimination occurs. Following this period, the materials shall be shredded and disposed of.

   e. Resumes received should be shredded immediately if applicant or the church does not pursue the screening process further.

10. If the applicant becomes the desired employee, a designated Staff Parish Relations Committee liaison will review with him/her the Personnel handbook, the Safe Sanctuary Policy, the Family Ministries Handbook, and the Youth Handbook. The liaison will also review other benefit forms, such as health insurance, for eligible full-time employees. Employees will sign a statement for their file, indicating they have received a copy, read, and understand these policies.