

VOLUNTEER APPLICATION
 Spring Woods United Methodist Church
 1711 FM 1960 West
 Houston, TX 77090

Date: _____

Personal Information

Name (Last Name, First Name, Middle Name)		Social Security Number	
Present Address	City	State	Zip Code
Permanent Address	City	State	Zip Code
Phone No ()	Emergency Contact		
Are you under the age of 18 YES _____ NO _____		Driver License Number & State	

Volunteer Information

Position	Date you can Start	Days/Time Available

Special Skills & Gifts

Please list any special training or skills, organizations, hobbies				

References Give below the names of 3 persons not related to you, whom you have known more than 1 year

Name	Address	Phone	Business/Title	Yrs Known

Have You Ever...

Been convicted of a crime other than minor traffic violations YES _____ NO _____	If yes, please explain
Been convicted of a traffic offense in the last five (5) years YES _____ NO _____	If yes, please explain

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APPLICANT'S STATEMENT

The information contained in this application is correct to the best of my knowledge. I authorize any references listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for work. I release all such references from any liability for furnishing such evaluation to you, provided they do so in good faith and without malice. I waive any right that I may have to inspect references provided on my behalf. Should my application be accepted I agree to be bound by the policies of this church and to abide by the Adult Covenant of Conduct in the performance of my service on behalf of this church.

I further state that I have carefully read the foregoing releases. This is a legally binding agreement that I read and understood.

Applicant's Signature _____

Date _____

AUTHORIZATION FOR RELEASE OF INFORMATION

Spring Woods United Methodist Church

1711 FM 1960 West

Houston, TX 77090

Date: _____

Name (Last Name, First Name, Middle Name)		Social Security Number	
Present Address	City	State	Zip Code
Permanent Address	City	State	Zip Code
Phone No ()			
Are you under the age of 18? YES ___ NO ___		Drivers License Number & State	
Date & Place of Birth		Maiden and/or Any Other Names Used in Last Ten (10) years	

Former Residences (Include last Ten (10) years)

Date (Month & Yr)	Previous Address (Address, City, County, State, Zip)	Reason for Moving
From		
To		
From		
To		
From		
To		
From		
To		

Please provide a copy of photo identification.

READ CAREFULLY:

I hereby authorize Spring Woods United Methodist Church to request any information regarding any record of indictment, charges or convictions contained in any file maintained on me, whether said file is a local, county, state, or national file, and including, but not limited to, accusations, charges, indictments and convictions for crimes or traffic convictions, to the fullest extent permitted by state and federal law. In connection herewith, I hereby authorize any agency (including law enforcement agencies) to release such information. I hereby **RELEASE AND HOLD HARMLESS** Spring Woods United Methodist Church, and all of the herein referenced agencies which provide the contents of said files from all liability that may result from any said request and/or disclosure made in response to such request.

This authorization is given as part of my application for employment or volunteer work at the church. All information relative to the background investigation is confidential and any dissemination will be in accordance with state and federal law.

I certify that I have read and understand the foregoing language that information developed as a result of my authorizing this investigation shall only be shared with the Senior Clergy and the appropriate Director(s) of Spring Woods United Methodist Church. I further certify that the information on this form is true and correct.

Signature: _____ Date: _____

Parent's Signature if minor: _____ Date: _____

SEND THIS BACKGROUND CHECK TO:
Spring Woods United Methodist Church
1711 FM 1960 West
Houston, TX 77090
Attn: Senior Pastor

EMPLOYEE & VOLUNTEER REFERENCE CHECK FORM
Spring Woods United Methodist Church

(One Sheet per Reference)

Name of Applicant: _____

Name of Reference: _____

1. What is your relationship to the applicant?
2. How long have you known the applicant?
3. How well do you know the applicant?
4. How would you describe the applicant?
5. How would you describe the applicant's ability to relate to children and/or youth?
6. How would you describe the applicant's ability to relate to adults?
7. How would you describe the applicant's leadership abilities?
8. How would you feel about having the applicant as a volunteer worker with your child and /or youth?
9. Do you know of any characteristics that would negatively affect the applicant's ability to work with children and/or youth? If so, please describe.
10. Do you have any knowledge that the applicant has ever been convicted of a crime? If so, please describe.

Additional Comments:

Reference inquiry completed by (Print Name): _____

Signature: _____

Date: _____

Please return to:
Spring Woods United Methodist Church
1711 FM 1960 West
Houston, TX 77090
Attn: Senior Pastor 281. 444. 6468 ~ 281.444.5825 (fax)

Employee/Volunteer Agreement to Policy Form
Spring Woods United Methodist Church

This is to confirm that I have received and read a copy of the Safe Sanctuary Policies of Spring Woods United Methodist Church of Houston, Texas. Included within these policies is a legal definition of child abuse and neglect from the Texas Family Code and written information describing the Texas Laws regarding the reporting of suspected child abuse and/or neglect.

Worker Name: (please print) _____

Worker Signature: _____

Date: _____