

APPLICATION TO WORK WITH MINOR-AGED CHILDREN  
IN ARGYLE UNITED METHODIST CHURCH

Please consult with local  
attorneys prior to use

ARGYLE UNITED METHODIST CHURCH

This application is to be completed by all applicants for any position involving the supervision or custody of minors. It is being used to help the church provide a safe and secure environment for those children and youth who participate in our programs and use our facilities.

PERSONAL INFORMATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

S.S. #: \_\_\_\_\_ DOB: \_\_\_\_\_ D.L. # \_\_\_\_\_ State: \_\_\_\_\_

Gender: \_\_\_\_\_ Race: \_\_\_\_\_

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

Employer Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

What type of children/youth work do you prefer? \_\_\_\_\_  
\_\_\_\_\_

On what date would you be available? \_\_\_\_\_

Minimum length of commitment: \_\_\_\_\_

Have you ever been charged with or convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Have you ever been convicted of or pled guilty to a traffic offense? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, describe all convictions or guilty pleas for the past 5 years: \_\_\_\_\_  
\_\_\_\_\_

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CHURCH & VOLUNTEER ACTIVITY

Name of church of which you are a member: \_\_\_\_\_

List (name and address) other churches you have attended regularly during the past five years:

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

List all previous volunteer work involving youth (identify church or organization, address, and type of work and dates):

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

List any gifts, callings, training, education, or other factors that have prepared you for children/youth work:

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

PERSONAL REFERENCES

(not former employers or relatives)

Name:	_____	Name:	_____
Address:	_____	Address:	_____
	_____		_____
Telephone:	_____	Telephone:	_____

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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, organizations, or churches listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for children/youth work. I release all such references from any liability for furnishing such evaluations to you, provided they do so in good faith.

I agree to hold harmless Argyle United Methodist church and its officers, employees, and volunteers from any use of this application or information. I waive any right that I may have to inspect references provided on my behalf.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

In order to provide the safest environment for minors at this church, a criminal background check will be conducted on all persons that work with children and youth on a regular basis. These background checks are being done through the North Texas Conference of the United Methodist Church and Volunteer Center, and a recommendation only will be given to the local church. The North Texas Conference is not allowed to reveal specific information listed in a criminal background check but will use its policy statement as a guideline for the recommendation. By signing below, you are indicating that you are aware of and give permission to the North Texas Conference to do a criminal background investigation on you. Also, by signing below, you are releasing the North Texas Conference from any liability.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

WRITTEN RECORD OF CONTACT WITH A REFERENCE  
OF AN APPLICATION FOR CHILDREN/YOUTH WORK  
(FOR OFFICE USE ONLY)

(PLEASE COMPLETE ONE FORM FOR EACH REFERENCE CONTACTED)

CONFIDENTIAL

- 1. Name of Applicant \_\_\_\_\_
- 2. Reference or church contacted (if a church or organization, identify both the church organization and person or minister contacted)  
\_\_\_\_\_  
\_\_\_\_\_
- 3. Date(s) and time(s) of contact(s) \_\_\_\_\_  
\_\_\_\_\_
- 4. Person contacting reference or church \_\_\_\_\_
- 5. Method of contact (e.g., telephone, personal conversation, letter (PLEASE ATTACH))  
\_\_\_\_\_
- 6. Summary of conversation (summarize the reference's or minister's remarks concerning the applicant's fitness and suitability for youth or children's work)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Position