

Willow Glen United Methodist Church
Children's and Youth Ministry
Volunteer and Staff Disclosure

Date: _____

Name: _____ Home Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

E-Mail Address _____ Work Phone: _____

WGUMC Children's or Youth Ministry Position(s): _____

Church currently attending: _____

Ministry Statement

At Willow Glen United Methodist Church, we love and worship God and follow Jesus as we invite all to grow with us in faith, service and mission to neighbors near and far, with the Bible as our guide and with Christ as our cornerstone.

C = Communication
H = Harmony & Tolerance
R = Reliance on God
I = Integrity
S = Spiritual Growth
T = Teamwork

As an expression of this mission, the Children's and Youth Ministry of WGUMC desires to embody God's love to each child and assist each child in developing a personal understanding of their faith in God and their relationship with Jesus. In order to ensure the safety and well-being of all participants in our Children's Ministry programs, we require that all persons working with children and youth complete this disclosure form and return it to the designated member of the pastoral staff prior to serving in a ministry position.

Personal References (not relatives)

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

(over, please)

DISCLOSURE

In caring for our children, we believe it is our responsibility to seek an adult staff that is able to provide healthy, safe and nurturing relationships. Please answer the following questions. Any special concerns can be discussed with the ministry staff.

Do you ever use illegal drugs? Yes No

Have you ever gone through treatment for alcohol or drug abuse? Yes No

Have you ever been convicted of a violent crime? Yes No

Have you ever been accused or convicted of any form of abuse against another person? Yes No

Have you ever been a victim of any form of abuse? Yes No
If yes, would you like to speak to a counselor or pastor? Yes No

I understand that as a person in authority within WGUMC Children's and Youth Ministry it is my responsibility to provide a safe and nurturing environment for children and youth to learn and grow. Therefore, it is my responsibility to set appropriate boundaries with children and youth, and ensure that their rights are respected. Under no circumstances will I use corporal punishment as a means of discipline or have any form of sexual contact with a child or youth.

Further, I agree to have my fingerprints taken through the Sheriff's Department. I understand that a criminal background check will be conducted, and ther results will be reviewed by the designated member of the pastoral staff. All physical records of the background check will be destroyed following review, and the information will be kept confidential by the designated member of the pastoral staff.

I certify that the information I have provided is true and correct. I understand that WGUMC reserves the right to terminate my service if it is found that the answers given above are false, or I fail to uphold the mission of our ministry with children.

Signature: _____

Date: _____

For Office Use Only

Reviewed by member of pastoral staff. Initials _____ Date _____

Follow-up Interview completed. Initials _____ Date _____

Satisfactory _____ Unsatisfactory _____

Policies & Procedures reviewed with applicant. Initials _____ Date _____

Background Check reviewed. Initials _____ Date _____

This person meets WGUMC policies. Yes _____ No _____