

**Program for which you are volunteering:** \_\_\_\_\_

**Davidson United Methodist Church – Davidson, NC  
Screening Form for Working with Children or Youth**

---

All applicants for positions involving the supervision or custody of children or youth must complete this screening form. Davidson United Methodist Church uses this form in order to help provide a safe and secure environment for children and youth who participate in its programs.

---

**Complete requested information, sign, and return to:  
Davidson United Methodist Church, Attn: Pat Benfield, PO Box 718, Davidson, NC 28036**

**Personal**

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

Middle/Name at Birth: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Names previously used (i.e., previous marriages): \_\_\_\_\_

Dates used: \_\_\_\_\_

Nickname(s): \_\_\_\_\_ Dates used: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security Number (required): \_\_\_\_\_

Marital Status:    Single    Separated    Married    Divorced

Title used (i.e., "Dr."): \_\_\_\_\_

**Attach a copy of your  
driver's license or other  
photographic identification.**

Present address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_

E-mail: \_\_\_\_\_

How long have you been at this address? \_\_\_\_\_

Previous address (include street or mailing address, city, county, state, and zip).

\_\_\_\_\_

How long were you at this address? \_\_\_\_\_

Please answer the following questions:

1. Have you ever been arrested or convicted of or pleaded guilty to a crime?  Yes  No
2. Have you ever been charged with or convicted of child neglect or abuse?  Yes  No
3. Has anyone ever made any complaints or allegations of misconduct involving children against you?  Yes  No
4. Have you been arrested or convicted of the possession, use, or sale of drugs?  Yes  No
5. Within the past 90 days, have you abused alcohol or legal drugs?  Yes  No
6. Within the past 90 days, have you used any illegal drugs?  Yes  No
7. Have you been arrested or convicted or pleaded guilty to a traffic offense within the last 5 years?  Yes  No
8. Have you ever been investigated, arrested, or charged with a sex offender crime, or crime involving juveniles in any respect?  Yes  No

Current driver's license – state and number: \_\_\_\_\_

If you answered "yes" to any of the above questions, please indicate the question's number (i.e., "5.") and explain below.

---

---

---

---

Do you have any health related condition(s) that would keep you from effectively working with or cause any potential harm to children/youth?  Yes  No

If you answered "yes" to the above, please describe below.

---

---

---

---

## Church History and Prior Children/Youth Work

List any other churches you have attended regularly during the past 5 years:

Church Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

Church Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

List church work at your former churches listed above involving children and/or youth.  
Include name of program staff person to whom you reported.

---

---

---

List previous non-church work involving children and/or youth. Please be specific.

---

---

---

List any special skills, training, education, or other factors that you have relevant to volunteering with children and/or youth.

---

---

---

Do you have any medical training, or are you either First Aid or CPR certified?

---

---

---

## References

If you have previously worked with children and/or youth, list references familiar with your work. Our order of preference is previous church, employer, or personal. If you have not worked in the past with children, references still need to be provided. Please do not list family members. An address or e-mail address is REQUIRED for each reference.

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Applicant's Statement

The information contained in this application is correct to the best of my knowledge. I authorize any references, churches, or other organizations listed herein to give DUMC information they may have regarding my character and fitness for working with children or youth, and I release all references from liability for damages of whatever kind that may result from furnishing such evaluations to DUMC. I waive my right to inspect any information provided about me by these references.

I have received and read the Safe Sanctuary Policy of Davidson United Methodist Church and agree to abide by all the safeguards provided within.

I have not been convicted of a child/youth sexual/physical abuse crime. I have not been nor am I currently involved in any abuse of a minor.

I authorize DUMC to obtain a criminal records check on me and rerun at DUMC discretion while serving as a volunteer with children and youth. I authorize all state, federal, and local law enforcement agencies to release to DUMC any information they maintain in their records about me, and I release the law enforcement agencies, DUMC, and the individuals receiving the information from any liability resulting from such disclosure.

I realize that I may be subject to fingerprinting in order to verify my identity.

I HAVE CAREFULLY READ THE ABOVE RELEASE AND KNOW THE CONTENTS THEREOF, AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)