

**United Church of Christ Coalition for Lesbian, Gay, Bisexual and Transgender Concerns
Safe Church Policy
Employee/Volunteer Application and Disclosure Form**

NAME: LAST FIRST MIDDLE

ADDRESS: STREET CITY/STATE ZIPCODE

DAYTIME PHONE EVENING PHONE EMAIL

The position I am seeking with the Coalition is _____

I have been a member/supporter of the Coalition since _____

References: Please provide three reference. One reference must be your pastor/minister.

PASTOR'S NAME

CHURCH NAME

CHURCH ADDRESS CITY STATE ZIPCODE

CHURCH TELEPHONE CHURCH EMAIL

NAME

ADDRESS CITY STATE ZIPCODE

TELEPHONE EMAIL

NAME

ADDRESS CITY STATE ZIPCODE

TELEPHONE EMAIL

I have been a (circle one) member/friend of this church since _____

I have never been convicted of, nor pled guilty or no contest to, a crime. (Exclude convictions that have been sealed, expunged or legally eradicated, misdemeanor convictions for which probation was completed and the case was dismissed, or offenses about which inquiry is not permissible in this state)

_____ True _____ Not True

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If not true, please briefly describe the nature of the crime(s), the date and place of conviction and the legal disposition of the case. The Coalition will not deny a position to any applicant solely because the person has been convicted of a crime. The Coalition, however, may consider the nature, date and circumstances of the offense, as well as whether the offense is relevant to the duties of the position applied for.

No civil lawsuit alleging actual or attempted sexual discrimination, harassment, exploitation, or misconduct; physical abuse or neglect; child abuse or neglect; or financial misconduct has ever resulted in a judgment being entered against me, been settled out of court, or been dismissed because the statute of limitations has expired.

_____ **True** _____ **Not True**

If not true, give a short explanation of the lawsuit. (Please indicate the date, nature, and place of the incident leading to the lawsuit; where the lawsuit was filed; and the precise disposition of the lawsuit.)

I have never terminated my employment, professional credentials, or service in a volunteer position or had my employment, professional credentials, or authorization to hold a volunteer position terminated for reasons relating to allegations of actual or attempted sexual discrimination, harassment, exploitation, or misconduct; physical abuse or neglect; child abuse or neglect; or financial misconduct.

_____ **True** _____ **Not True**

If not true, give a short explanation. (Please indicate the date of termination; name, address, and telephone number of employer or volunteer supervisor; and nature of the incident(s) leading to your termination.)

Do you have a valid drivers' license? _____ **Yes** _____ **No**

With respect to my driving record, I have not had my license suspended or revoked within the last five years due to reckless driving or driving while intoxicated and/or under the influence of a controlled substance.

_____ **True** _____ **Not True**

Is there any fact or circumstance involving you or your background that would call into question your being entrusted with the responsibilities of the position for which you are applying?

_____ **No** _____ **Yes**

If yes, please provide a brief explanation.

The covenants between persons seeking authorized volunteer positions in the Coalition require honesty, integrity, and truthfulness for the health of all concerned. To that end, I attest that the information set forth in this application is true and complete. I understand that any misrepresentation or omission may be grounds for rejection of consideration for, or termination of, the position I am seeking to fill. I acknowledge that it is my duty in a timely fashion to amend the responses and information I have provided if I come to know that the response or information

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was incorrect when given or, though accurate when given, the response or information is no longer accurate. I acknowledge that this form was created for general use; I will consult local laws and inform the **United Church of Christ Coalition for Lesbian, Gay, Bisexual and Transgender Concerns** of any conflicts created by using it.

Beginning such relationships with an open exchange of relevant information builds the foundation for a continuing and healthy covenant between volunteers and the Coalition. To that end, I authorize **United Church of Christ Coalition for Lesbian, Gay, Bisexual and Transgender Concerns** and/or its agents to make inquiries regarding my character and qualifications, including all statements I have set forth above. I also authorize all entities, persons, former employers, supervisors, courts, law enforcement, and other public agencies to respond to inquiries concerning me, to supply verification of the statements I have made, and to comment on and state opinions regarding my background, character, and qualifications. To encourage such persons and entities to speak openly and responsibly, I hereby release them from all liability arising from their responses, comments, and statements. **United Church of Christ Coalition for Lesbian, Gay, Bisexual and Transgender Concerns** authorized volunteer and employee recruitment process involves the sharing of information regarding applicants with those persons in a position to recruit, secure, and supervise both the position I am seeking to fill and program I am seeking to participate in.

To that end, I authorize **United Church of Christ Coalition for Lesbian, Gay, Bisexual and Transgender Concerns** and its agents to circulate, distribute, and otherwise share information gathered in connection with this application to such persons for these purposes. I understand that **United Church of Christ Coalition for Lesbian, Gay, Bisexual and Transgender Concerns** will share with me information it has gathered about me, if I request it to do so.

I acknowledge my receipt and understanding of the **United Church of Christ Coalition for Lesbian, Gay, Bisexual and Transgender Concerns** Safe Church Policy.

(PRINT NAME & SIGN) DATE

(PRINT NAME & SIGNATURE OF PARENT OR GUARDIAN FOR APPLICANTS UNDER 18) DATE

- Application/Disclosure reviewed by _____ on _____
- Sex Offender Registry (www.nsopr.gov) review performed by _____ on _____
- Personal interview conducted by _____ on _____
- Reference inquiries completed by _____ on _____
- Boundary Training completed by _____ on _____
- Third Party inquiry for volunteers with minors completed by _____ on _____
- Safe Church Orientation for volunteers working with minors completed by _____
on _____