

SECTION 3: WORK EXPERIENCE (Note any work with children/youth)

Current Employment status: Full-time Part-time Retired College Student Other _____

Organization	Program	Position	Dates

SECTION 4: DRIVER INFORMATION

Driver's License #	State Issued:
Do you have any restrictions on your driver's license? <input type="checkbox"/> NO <input type="checkbox"/> YES, explain	
During the past five years have you been involved in any motor vehicle accident(s) while driving? <input type="checkbox"/> NO <input type="checkbox"/> YES, explain	
Do you carry at least liability insurance on your motor vehicle? <input type="checkbox"/> NO** <input type="checkbox"/> YES	
** IF YOU DO NOT CARRY INSURANCE, YOU CANNOT DRIVE FOR UCC IN ANY CAPACITY AS A VOLUNTEER, THIS INCLUDES TRANSPORTING CHILDREN OR YOUTH EVEN LOCALLY FOR ANY UCC RELATED ACTIVITIES OR EVENTS.	

SECTION 5: LEGAL & LIFESTYLE HISTORY

As you know, UCC conducts background checks on children's and youth ministry volunteers.

Have you EVER been arrested for any reason?	<input type="checkbox"/> NO <input type="checkbox"/> YES*
Have you EVER been convicted of, or pleaded no contest to, any crime?	<input type="checkbox"/> NO <input type="checkbox"/> YES*
Have you EVER been accused or engaged in of any type of child molestation, exploitation or abuse?	<input type="checkbox"/> NO <input type="checkbox"/> YES*
Are you aware of having any traits or tendencies that may pose a threat to children, youth or others?	<input type="checkbox"/> NO <input type="checkbox"/> YES*
Are you aware of ANY reason why you should not work with children, youth or others at this time?	<input type="checkbox"/> NO <input type="checkbox"/> YES*

*Provide an explanation for any "yes" answers to the above questions.

SECTION 6: REFERENCES

Provide 3 CHARACTER REFERENCES. Provide at least one reference who is a Pastor or Ministry Leader who knows you well from a church where you have regularly attended. All 3 references need to have known you at least 2 years (24 months) and can NOT be related to you or be your spouse or the spouse of another reference you list. All 3 references should have seen you interact with children/youth.

REFERENCE RELEASE:

I authorize any references, church or entity listed on this information form to give Upland Community Church and the SafePlace Coordinator any information that they may have regarding my character and fitness for work with children and youth. I release all such references from liability for any damage that may result from furnishing such information to Upland Community Church. I waive any right that I may have to inspect the information these references provided on my behalf.

SIGNATURE _____ **DATE** _____

*****PRINT LEGIBLY, CLEARLY and NEATLY*****

1 / Reference Name:	Phone:
EMAIL:	Relationship:
Mailing address:	Years Known:
I have known this reference personally for at least 2 years	<input type="checkbox"/> TRUE <input type="checkbox"/> FALSE
This reference is NOT my spouse, member of my family or my relative	<input type="checkbox"/> TRUE <input type="checkbox"/> FALSE
This reference is NOT in the same family or related to my other references	<input type="checkbox"/> TRUE <input type="checkbox"/> FALSE

2 / Reference Name:	Phone:
EMAIL:	Relationship:
Mailing address:	Years Known:
I have known this reference personally for at least 2 years	<input type="checkbox"/> TRUE <input type="checkbox"/> FALSE
This reference is NOT my spouse, member of my family or my relative	<input type="checkbox"/> TRUE <input type="checkbox"/> FALSE
This reference is NOT in the same family or related to my other references	<input type="checkbox"/> TRUE <input type="checkbox"/> FALSE

3 / Reference Name:	Phone:
EMAIL:	Relationship:
Mailing address:	Years Known:
I have known this reference personally for at least 2 years	<input type="checkbox"/> TRUE <input type="checkbox"/> FALSE
This reference is NOT my spouse, member of my family or my relative	<input type="checkbox"/> TRUE <input type="checkbox"/> FALSE
This reference is NOT in the same family or related to my other references	<input type="checkbox"/> TRUE <input type="checkbox"/> FALSE

SECTION 7: SPIRITUAL EXPERIENCE

What church(es) have you attended in the past five years?

Church name	City, State	Pastor's name	Dates attended

Give a brief testimony of your salvation experience and current walk with God:

SECTION 8: POLICY ACKNOWLEDGEMENT

I recognize that Upland Community Church is relying on the accuracy and legibility of the information I am providing. Therefore, I attest and affirm that all the information that I have provided is absolutely true, complete and correct. I agree to abide by the policies of Upland Community Church and refrain from unscriptural conduct in the performance of my service on behalf of the church.

SIGNATURE _____ **DATE** _____