



# UCC Safe Place NEW Volunteer/ Employee Form

## 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.

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

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

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

