

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.	
Are you willing or do you intend to drive for UCC groups/events? <input type="checkbox"/> NO <input type="checkbox"/> YES	

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 should 1) be over 18 years of age 2) known you at least 2 years (24 months) and 3) may NOT be related to you, be your spouse, or be 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*****

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

