

2020-2021 ADULT VOLUNTEER FORM FOR YOUTH MINISTRY PARTICIPATION

Valid August 1, 2020 – July 31, 2021

I acknowledge that participation in Westland and Lebanon FUMC Youth Ministry trips and activities involves risk to the Participant (and to Participant's parents or guardians, if Participant is a minor) and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in Westland and Lebanon FUMC Youth Ministry trips and events ("the Activity"), the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the activity, as well as for any medical treatment rendered to the Participant that is authorized by the sponsor or its agents, employees, volunteers, or other representatives (collectively referred to hereinafter as the "Activity Sponsor"). Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise.

I (we) authorize consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered under the general or special supervision of any physician or dentist licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered pursuant to this authorization.

Signature of Adult Volunteer

Date

Print full name

NOTARY

Before me _____ (date), _____ (parent)

Personally known to me or who has produced _____ (Driv. Lic. #)
As identification and who executed the forgoing instrument for the purpose therein expressed.

Notary Signature: _____ My commission expires: _____

STATE OF TENNESSEE)
COUNTY OF WILSON)

EMERGENCY/MEDICAL INFORMATION

Emergency Contact: _____
(name and relationship to participant) (phone)

Insurance information (also, please attach a copy of your insurance card)

Insurance company: _____ Employer or provider: _____

Policy and group numbers: _____

MEDICAL HISTORY FOR PARTICIPANT

Doctor _____ Doctor's Phone _____

List of current medications and dosages (if none, write none): _____

Allergies (if none, write none): _____

Physical restrictions and/or recent surgeries (if none, write none): _____

Additional restrictions and/or recent illnesses (if none, write none): _____

Dietary restrictions (if none, write none): _____

Date of Birth: _____

Social Security Number: _____

LEADERSHIP COVENANT

I will endeavor to live before God, and particularly before my family and the young people we work with, in a way that seeks to honor Christ with my words, attitudes, and actions.

I will seek to grow in my own love for God by practicing the very same habits of discipleship I am working to instill in our youth:

- **Hang time with God**—setting aside regular time to be in intentional conversation with God (whether 5 minutes a week or 30 minutes a day, the focus is on practicing the proactive discipline of making the time for prayer).
- **Accountability Friendships**—developing at least one purposeful friendship in which conversations about matters of faith and priorities take place.
- **Bible Study**—learning to marinate in some principle from the Scripture, whether one verse a year, or a verse a week.
- **Involvement in the Church**—worshipping with the church family and finding a place to be involved in the church outside the youth ministry.
- **Tithing**—giving intentionally to the work of God, moving toward giving the standard 10%, understanding that some may simply need to begin with a lesser percentage.
- **Servant Leadership**—taking initiative to serve those who may never be able to return that service.

I will seek to live in such a way that my life is an example of integrity, faithfulness, and love for God, including...

- intentionally building healthy relationships, being particularly attentive to the call to discipleship in my own family.
- fidelity in marriage and chastity in singleness.
- speaking edifying words and avoiding complaint, gossip, and profanity.
- consuming alcohol within the limits of the law.

I will seek to make my home and vehicle safe places for teenagers by...

- being supportive of other parents' values concerning the appropriateness of R-rated videos for their under-aged youth.
- being particularly attentive to driving the speed limit when transporting youth and insisting that our passengers wear seatbelts.
- refraining from serving alcoholic beverages at any youth ministry sponsored events where youth are present.
- protecting my home from inappropriate material on the internet by using an on-line screening service or by closely monitoring the computer use of children and youth in my home.

I will serve as a part of the youth ministry team by...

- attending regular volunteer team meetings.
- serving as an early warning communication system for the youth director with youth who need extra care.
- participating in at least one regular setting of the youth ministry (SS, small groups, youth group).
- Participating in special youth ministry events as time allows.

I understand that when I participate in events with First United Methodist Church I am representing myself, my family, and my church. In order to be an active part of this community of Faith I covenant to:

- Abide by the guidelines given to the group by the adult advisors/ministry team and be respectful of them and their decisions
- Participate fully in the events and activities
- Be responsible for my own belongings and respect the property of others
- Care for and respect property of the church and host organizations
- Use the "buddy system" and let an adult know where I am
- Not bring or use harmful substances (i.e., weapons, fireworks, tobacco, vaping materials, etc.)
- Be responsible in my expressions of care, concern, and intimacy

SAFE SANCTUARIES COVENANT

The congregation of Westland and Lebanon FUMC is committed to providing a safe and secure environment for all children, youth and volunteers who participate in ministries and activities sponsored by the church. The following policies statements reflect our congregation's commitment to preserving this church as a holy place of safety and protection for all who would enter and as a place which all people can experience the love of God through relationships with others.

- No adult who has been convicted of child abuse (either sexual abuse, physical abuse or emotional abuse) should volunteer to work with children or youth in any church-sponsored activity.
- Adult volunteers with children and youth shall observe the "Two-Adult Rule" at all times so that no adult is ever alone with children or youth.

- Adult volunteers with children and youth shall attend regular training and educational events provided by the church to keep volunteers informed of church policies and state laws regarding child abuse.
- Adult volunteers shall immediately report to their supervisor any behavior that seems abusive or inappropriate.

Please answer each of the following questions:

1. As a volunteer in this congregation, do you agree to observe and abide by all church policies regarding working in ministries with children and youth? yes no
2. As a volunteer in this congregation, do you agree to participate in training and education events provided by the church related to your volunteer assignment? yes no
3. As a volunteer in this congregation, do you agree to promptly report abusive or inappropriate behavior to your supervisors? yes no
4. As a volunteer in this congregation, do you agree to inform a minister of this congregation if you have even been convicted of child abuse? yes no

I have read these covenants, and I agree to observe and abide by the policies set forth above.

Signature of Volunteer

Date

Print full name

BACKGROUND CHECK AGREEMENT

NOTE: We will conduct an investigation into whether you have been convicted of a Felony or Misdemeanor. Under our policy, past convictions may or may not disqualify you from a volunteer position. The decision will be made very carefully, considering all facts of the conviction(s) and the role for which you are applying.

I, (print name) _____ hereby authorize our church Pastor in the area of requested employment or volunteering, and the Church Business Administrator, to make an independent investigation of my background, references, character, past employment, education, criminal or police records, and credit history, including those by both public and private organizations and all public records for the purpose of confirming the information contained on my application or volunteer form(s), and/or obtaining other information which may be material to my qualifications for employment or as a volunteer now and, if applicable, during the tenure of my employment or as a volunteer with our church.

I represent that all information that I submit to Westland and Lebanon FUMC in support of my application is true and complete. I understand that false information and omissions, in whole or in part, in support of my application are likely to subject me to immediate discharge at any time during the period of employment, should I be hired. I authorize Westland and Lebanon FUMC to verify any and all information concerning my work history, experience, and education with the appropriate individuals, companies, institutions or agencies, and I authorize them to release records or summaries thereof without any obligation to provide me written notice of such disclosure. I will hold Westland and Lebanon FUMC and such persons or entities harmless from any liability whatsoever as a result of such disclosures.

The following is my *true and complete* legal name and all information is true and correct to the best of my knowledge:

Signature of Volunteer

Date

PLEASE PRINT FULL LEGAL NAME (INCLUDING MIDDLE)

Address

City/State/Zip

Phone

Email

Date of Birth

Social Security Number

Driver's License Number

State of Issue

2020-2021 Volunteer Driver Form

Name: _____
E-mail: _____ Home Phone: _____
Mobile: _____ Work: _____
Address: _____

I possess a valid driver's license.

(Please attach a photocopy of your driver's license and first page of your insurance policy.)

DL State and # _____ Expiration: _____

Vehicle Details

Make: _____ Model: _____
Year: _____ Color: _____ # seatbelts: _____
License Plate State and #: _____

Liability Insurance

Minimum required amount of liability insurance:

- (1) \$100,000 liability per person for bodily injury,
- (2) \$300,000 liability per incident for bodily injury for all vehicle occupants, and
- (3) \$50,000–\$100,000 liability for property damage.

Amount on this car: (1) \$ _____ (2) \$ _____ (3) \$ _____

Driving History

Are you licensed to drive a commercial vehicle? Yes No

Have you been in an accident in the last three years? Yes No

If you answered yes, describe the accident and its cause:

Have you been ticketed for moving violations within the last three years? Yes No

If you answered yes, describe the infractions:

Have you been convicted for WDWI/DUI, or had your license suspended for moving violations, hit and run, eluding an officer, reckless or negligent operation of a vehicle, or driving while under suspension or revocation within the last five years? Yes No

(Note: We will not be able to use volunteers with a "yes" answer.)

Declaration and Signature

Students riding in my vehicle(s) seated in both the front and back seats will be secured with individual working seatbelts. *(No double belting is permitted.)* To my knowledge, my vehicle is in safe operating condition (brakes, tires, and so forth). I affirm that I will carefully transport students under my care, including obeying all traffic laws. I also declare that by signing this driver form, I will not have ingested alcohol, a controlled substance or any other medication that impairs my driving abilities during or within six (6) hours before the trip.

Signed: _____ Date: _____