



Nicholasville Methodist Church
303 West Maple Street
Nicholasville, KY 40356

NICHOLASVILLE METHODIST CHURCH FAMILY MINISTRY VOLUNTEER SAFETY APPLICATION

This application is to be completed by individuals desiring to serve in a VOLUNTEER ministry position involving the supervision of or interaction with children or students. It is intended to help Nicholasville Methodist Church provide a safe and secure environment for children participating in Nicholasville Methodist Church programs. All information will be kept in strict confidence, except as required by law. Please answer all questions, and type or print your answers. An incomplete or illegible application will not be considered.

Full Legal Name:

First Middle Last

Date: _____ Volunteer Position Requested: _____

Other Names Used:

Phone: _____ Email: _____

Driver License #: _____ Social Security #: _____ - _____ - _____

Date of Birth: _____ Sex: _____ M _____ F

Marital Status: _____ (single, married, etc.)

If married, is your spouse also applying? Y N

Current Address: _____

City: _____ State: _____ Zip Code: _____

How long have you lived at your current address? _____



Nicholasville Methodist Church
303 West Maple Street
Nicholasville, KY 40356

IF RESIDING AT THE CURRENT ADDRESS LESS THAN FIVE YEARS, PLEASE LIST YOUR PREVIOUS ADDRESS.

Previous Address: _____

City: _____ State: _____ Zip Code: _____

Please list all other cities and states in which you have lived as an adult. If more space is needed, add additional pages.

Occupation: _____

Emergency Contact: _____

Relationship: _____ Phone: _____

SOCIAL MEDIA (If applicable):

Facebook: _____

Twitter/X: _____

Instagram: _____

Other Social Media Account(s): _____

Please list any military service. If you served, did you fulfill your term of service, and what was your discharge status?



Nicholasville Methodist Church
303 West Maple Street
Nicholasville, KY 40356

What are your hobbies or recreational activities?

CHURCH ACTIVITY

What is the name and address of your home church and pastor?

Are you involved in any other church, ministry or child-serving organization? If so, please describe your involvement.

If applicable, how long have you been attending NMC services? _____

Have you previously volunteered for or been employed by NMC? *If yes, please provide dates and context.*

Do you have any friends or relatives employed by NMC? If yes, please list.

Please list the churches you have attended over the past ten years:

Church Name: _____ **Years Attended:** _____

Phone: _____ **Contact Person:** _____

Church Name: _____ **Years Attended:** _____



Nicholasville Methodist Church
303 West Maple Street
Nicholasville, KY 40356

Phone: _____ Contact Person: _____

Church Name: _____ **Years Attended:** _____

Phone: _____ Contact Person: _____

Church Name: _____ **Years Attended:** _____

Phone: _____ Contact Person: _____

VOLUNTEER WORK

List any previous volunteer work related to children, youth or vulnerable adults, including ministry positions. (If more space is needed, add additional pages.)

Organization: _____

Phone: _____ Contact Person: _____

Type of Work: _____

Age Range of Children Served: _____ Gender(s): Male Female

Start Date: ____/____/____ End Date: ____/____/____

Organization: _____

Phone: _____ Contact Person: _____

Type of Work: _____

Age Range of Children Served: _____ Gender(s): Male Female

Start Date: ____/____/____ End Date: ____/____/____

Organization: _____

Phone: _____ Contact Person: _____

Type of Work: _____

Age Range of Children Served: _____ Gender(s): Male Female

Start Date: ____/____/____ End Date: ____/____/____



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303 West Maple Street
Nicholasville, KY 40356

APPLICANT HISTORY

Nicholasville Methodist Church strives to provide a safe environment for children who participate in ministry programs. The following questions are in no way meant to offend or embarrass any applicant. For any 'yes' answer, please attach a detailed explanation in writing. An affirmative answer does not disqualify an applicant from volunteering, and this document will be kept highly confidential.

- Y N Have you ever been convicted, sentenced, placed on probation, entered a guilty plea, or been the subject of a deferred adjudication or disposition for violating any civil or criminal laws other than minor traffic offenses? *A positive response will not automatically bar you from volunteer consideration. If yes, please indicate the nature of the offense charged, the relevant dates, the name of your parole or probation officer (if applicable) and your current status.*

If yes, identify the charge(s) on which you were convicted, the date of the conviction(s), and the court in which the conviction(s) occurred. What were the circumstances surrounding the cases?

- Y N Have you ever been convicted of a criminal offense (felony or misdemeanor) involving moral turpitude or violence? (Crimes of moral turpitude involve fraud, theft or dishonesty.) *Answer 'yes' if you have entered a plea agreement, including a deferred sentence or deferred judgment arrangement in connection with a criminal case. Answering 'yes' does not preclude an applicant from volunteering at Nicholasville Methodist Church.*

If yes, please indicate the nature of the offense charged, the relevant dates, the name of your parole or probation officer (if applicable) and your current status.



Nicholasville Methodist Church
303 West Maple Street
Nicholasville, KY 40356

Y N Have you ever been charged with any felony or misdemeanor crimes for which you were not convicted?

If yes, please explain the circumstances of your charge(s), including when and where the charge(s) occurred.

Y N Are you currently under charges for any criminal offense?

If yes, identify the case(s) pending, the date the charge(s) were issued, and the court in which the case(s) are pending, as well as any additional information you'd like to provide.

Y N Have you ever been convicted for the use or sale of drugs?

Y N Have you ever been charged with a sexual offense, offense relating to children, or crime of violence?

Y N Have you been arrested for sexual assault or molestation related to a child or vulnerable adult? *If yes, give date and location:*

Y N Have you been reported to any organization or registry for abuse or misconduct involving children?

Y N Do you have any disciplinary action or investigation pending by an employer, other organization, professional association, or licensing body for violence, sexual misconduct, or misconduct involving children or vulnerable adults?



Nicholasville Methodist Church
303 West Maple Street
Nicholasville, KY 40356

- Y N Have you ever been the subject of an abuse or sexual misconduct investigation by any employer, state licensing agency, law enforcement agency or child or adult protective services agency?
- Y N Have you ever been disciplined or dismissed from any volunteer or employment position following an allegation of sexual misconduct, physical aggression, verbal aggression, or other inappropriate behavior?
- Y N Have you ever been reprimanded or asked to leave or end your involvement/work in any program or organization providing services to children, youth or vulnerable adults?
- Y N Have you ever been the subject of a complaint or disciplinary proceeding concerning any professional license or professional affiliation held by you?
- Y N Have you ever had a license, professional license or certificate suspended, surrendered or revoked while allegations of abuse or sexual misconduct were pending or under investigation, OR due to an adjudication or findings of abuse or sexual misconduct?
- Y N Do you now or have you ever sought out or intentionally viewed child pornography?
- Y N Have you ever been dismissed from any child-serving position as a paid worker or volunteer? If yes, give date and location:
-
- Y N Have you ever physically or sexually abused a child, youth or vulnerable adult?
- Y N Has anyone ever accused you (wrongly or not) of physically or sexually abusing a child, youth or vulnerable adult?
- Y N Have you ever been the subject of an investigation or allegation of sexual misconduct, sexual abuse or sexual harassment involving a child, adult or vulnerable adult?



Nicholasville Methodist Church
303 West Maple Street
Nicholasville, KY 40356

Y N Have you ever been the subject of a civil lawsuit involving sexual misconduct or sexual abuse of a child, youth or vulnerable adult?

Y N Do you have any conditions or limitations preventing you from performing any activities relating to children's work?

Have you used illegal drugs in any form? *If yes, please explain.*

Please give a full explanation of any question above answered 'yes.'

**A conviction, pending charge or pending case is not an automatic bar to volunteer opportunities. Nicholasville Methodist Church will consider, among other things, the nature of the offense, the nature of the job, the timing of the offense, and your activities and conduct since the offense occurred before making a final decision. All volunteer opportunity decisions will conform to applicable law.*

Y N Did you experience physical or sexual abuse as a child?

We realize this information is sensitive, and it will be kept entirely confidential, except in circumstances where another child's safety is negatively impacted by confidentiality. You may choose to discuss your answer in confidence with one of our pastors. Answering 'yes' to this question will not preclude an applicant from volunteering.



Nicholasville Methodist Church
303 West Maple Street
Nicholasville, KY 40356

If you answered yes to the question above, please answer the following questions:

At what age did the abuse occur, and how long did it continue?

Have you had an opportunity to receive counseling and spiritual care in order to process the past abuse in a healthy manner? If so, when and how did this occur?

If you have not had the opportunity to receive counseling and spiritual care related to past abuse, would you consider counseling or other ministry resources to address any resulting emotional or spiritual harm?



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REFERENCES

One reference must be a person of the opposite sex, one a family member, and the rest non-family members. Please contact each of these references, get permission to list each as a reference, and let each reference know they will be contacted by a Nicholasville Methodist Church representative. (Please include complete addresses: street, city, state, and zip code.)

PERSONAL

Name: _____

Relationship: _____ Time Known: ____ years, ____ months

Address: _____

Email: _____ Phone: _____

PROFESSIONAL (WORK SUPERVISOR IS STRONGLY PREFERRED)

Name: _____

Relationship: _____ Time Known: ____ years, ____ months

Address: _____

Email: _____ Phone: _____

FAMILY MEMBER (FAMILY OF ORIGIN PREFERRED)

Name: _____

Relationship: _____ Time Known: ____ years, ____ months

Address: _____

Email: _____ Phone: _____

SPIRITUAL

Name: _____

Relationship: _____ Time Known: ____ years, ____ months

Address: _____

Email: _____ Phone: _____



Nicholasville Methodist Church
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VOLUNTEER STATEMENT AND RELEASE

PLEASE READ CAREFULLY BEFORE SIGNING

I authorize Nicholasville Methodist Church personnel to communicate with any prior employer or organization with whom I have volunteered in the past related to *work with children, minors or vulnerable adults*.

I authorize any reference or organization listed in this application, as well as any past employer or volunteer supervisor, to release any information contained in files or records concerning me. I authorize any reference, organization or past employer to provide any information (including opinions) that they may have regarding my character and fitness for any volunteer opportunity at Nicholasville Methodist Church.

In completing this Volunteer Application, I understand that information in this application will be used to determine volunteer eligibility at Nicholasville Methodist Church. In consideration of the receipt and evaluation of this volunteer application, I **release** the ministry, and its agents, from any and all liability for any damage that may result from furnishing such information to the ministry. I **waive** any right that I may have to inspect any information provided about me by any person or organization identified by me in this application, or any past employer, except as may be required by law.

If Nicholasville Methodist Church offers me a volunteer opportunity, a potential employer may contact Nicholasville Methodist Church or its representatives in the future concerning my volunteer record and performance at Nicholasville Methodist Church. Specifically, I agree that Nicholasville Methodist Church may share information with any future potential employer if such information relates to inappropriate behavior or moral turpitude.

I affirm that I will strictly comply with Nicholasville Methodist Church policies and procedures, including those concerning protection of children, sexual abuse and misconduct, and interpersonal relationships. I understand and agree that failure by me to abide by such policies may result in my immediate dismissal.

The information contained in this application is true and correct. I understand and agree that any false answers or statements on this application, or any false statements made



Nicholasville Methodist Church
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Nicholasville, KY 40356

during the interview process, will be sufficient grounds for immediately discharging me from any volunteer position, no matter when discovered.

I understand to be able to volunteer, I will be required to consent and pass a Background Check investigation. I understand that adverse results in a Background Check, including ongoing Background Checks, could negate my current or continued volunteer opportunity.

I understand that I am required to notify my immediate supervisor if I am arrested, charged or accused of criminal behavior during my time of service as a volunteer at Nicholasville Methodist Church. To the extent required by law, this information will be kept confidential.

I HAVE CAREFULLY READ AND AGREE TO THE FOREGOING, I UNDERSTAND AND AGREE THAT A COPY OF THIS APPLICATION WILL BE AS VALID AS THE ORIGINAL.

Applicant Signature: _____ Date: _____

Applicant Name: _____



Nicholasville Methodist Church
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VOLUNTEER STATEMENTS AND AGREED CODE OF CONDUCT

PLEASE READ CAREFULLY BEFORE SIGNING

Please initial each of the following statements:

_____ I declare that all statements contained in this application are true and that any misrepresentation or omission is cause for rejection of my application, or dismissal from my volunteer or ministry involvement.

_____ I understand that my **references and contacts** from prior ministry or non-ministry work with children, youth or vulnerable adults may be contacted and that an appropriate **Background Check** will be conducted. I authorize investigations of all statements contained in this application, and I specifically authorize Nicholasville Methodist Church to undertake a Background Check.

_____ I understand that I may withdraw from the application process at any time.

_____ I understand that Nicholasville Methodist Church has a policy of ZERO TOLERANCE FOR ABUSE and takes all allegations of child abuse and neglect seriously. **Nicholasville Methodist Church personnel report all suspicions of child abuse or neglect to relevant law enforcement agencies.** I further understand that Nicholasville Methodist Church cooperates fully with authorities to investigate all cases of alleged abuse. Abuse of any kind is grounds for immediate dismissal from volunteer involvement and may support criminal charges.

_____ I declare that I am not an abuser or child molester. I have not perpetrated physical abuse, sexual abuse, emotional abuse or neglect against a child, minor or vulnerable adult, and I have never been accused of these acts.

_____ I agree to read and abide by all policies concerning my conduct and behavior toward children, students or vulnerable adults.

Applicant Signature: _____ Date: _____

Applicant Name: _____



Nicholasville Methodist Church
303 West Maple Street
Nicholasville, KY 40356

For office use only: I have reviewed this application and have noted any missing information:

Screening Personnel Signature: _____ *Date:* _____

Screening Personnel Name: _____