New Employee Packet

DSUMC

**Divine Street United Methodist Church**

**Participation Covenant**

The congregation of Divine Street United Methodist Church 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 policy 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 in which all people can experience the love of God through relationships with others.

1. 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.

2. Adult survivors of child abuse need the love and support of our congregation. Any adult survivor who desires to volunteer in some capacity to work with children or youth is encouraged to discuss his/her willingness with one of our church’s ministers before accepting an assignment.

3. All adult volunteers involved with children or youth of our church must be active participants of the congregation before beginning a volunteer assignment.

4. Adult volunteers with children and youth should strive to have at least two adults present during any church-sponsored program, event, or ministry.

5. 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.

6. 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 strive to have at least two adults present during any church-sponsored program, event, or ministry? Yes No

3. As a volunteer in this congregation, do you agree to actively participate in the ministry of DSUMC before beginning a volunteer assignment?  Yes  No

4. 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

5. As a volunteer in this congregation, do you agree to promptly report abusive or inappropriate behavior to your supervisor?  Yes  No

6. As a volunteer in this congregation, do you agree to discuss with a minister of this congregation your experience, **if any**, as a survivor of child abuse? Yes  No

Not Applicable

*(Answering yes to this question does not automatically disqualify you from volunteering with children/youth.)*

7. As a volunteer in this congregation, do you agree to inform a minister of this congregation if you have ever been convicted of child abuse?  Yes  No

I have read this **Participation Covenant**, and I agree to observe and abide by the policies set forth above.

Signature of Applicant Date

**Employment Application**

(Double Click on each field to add text)

**NAME:** LAST NAME FIRST NAME MIDDLE NAME

**Are you over the age of eighteen (18)?**  YES  NO

**Present Address:** House/Apt. # and Street

City State Zip Code

**Home Phone #:**

**Position Applied For:**

**Date you are Available to Start:**

**Qualifications:**

**Academic Achievements:**

|  |  |  |
| --- | --- | --- |
| **Schools Attended** | **Degree Earned** | **Dates of Completion** |
|  |  |  |
|  |  |  |
|  |  |  |

**Continuing Education Completed:**

|  |  |
| --- | --- |
| **Courses Taken** | **Dates of Completion** |
|  |  |
|  |  |
|  |  |

**Professional Organizations:** (List any in which you have membership)

**First Aid Training:**  **Yes**  **No** **Date Completed:**

**CPR Training:**  **Yes**  **No**  **Date Completed:**

**Previous Work Experience:**

**(Begin with your current or most recent employer, Double Click to fill in field)**



**Job Title:**       **Description:**

**Duties & Responsibilities:**

**Employer Name:**

**Employer Address:** Street & Number

City State Zip Code

**Immediate Supervisor:** First & Last Name Phone Number

**Date Hired:**       **Date Separated:**

**Reason for Leaving:**



**Job Title:**       **Description:**

**Duties & Responsibilities:**

**Employer Name:**

**Employer Address:** Street & Number

City State Zip Code

**Immediate Supervisor:** First & Last Name Phone Number

**Date Hired:**       **Date Separated:**

**Reason for Leaving:**



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**Duties & Responsibilities:**

**Employer Name:**

**Employer Address:** Street & Number

City State Zip Code

**Immediate Supervisor:** First & Last Name Phone Number

**Date Hired:**       **Date Separated:**

**Reason for Leaving:**



**Volunteer Experience: (Please list any Volunteer Positions You Have Held)**



**Position:**       **Description:**

**Duties & Responsibilities:**

**Volunteer Organization:**

**Organization Address:** Street & Number

City State Zip Code

**Immediate Supervisor:** First & Last Name Phone Number

**Date Volunteered:**       **Date Separated:**

**Reason for Leaving:**



**Position:**       **Description:**

**Duties & Responsibilities:**

**Volunteer Organization:**

**Organization Address:** Street & Number

City State Zip Code

**Immediate Supervisor:** First & Last Name Phone Number

**Date Volunteered:**       **Date Separated:**

**Reason for Leaving:**



**Position:**       **Description:**

**Duties & Responsibilities:**

**Volunteer Organization:**

**Organization Address:** Street & Number

City State Zip Code

**Immediate Supervisor:** First & Last Name Phone Number

**Date Volunteered:**       **Date Separated:**

**Reason for Leaving:**



**Position:**       **Description:**

**Duties & Responsibilities:**

**Volunteer Organization:**

**Organization Address:** Street & Number

City State Zip Code

**Immediate Supervisor:** First & Last Name Phone Number

**Date Volunteered:**       **Date Separated:**

**Reason for Leaving:**



**Have you EVER been convicted of or pled guilty to any crime, either misdemeanor or felony ?  Yes  No**

**If yes, please explain:**

**References: Please list at least three people who are not related to you by blood or marriage, that have known you for at least three years.**



**Reference 1:** **Name**:

**Address:** Street #

City State Zip Code

**Day Phone:**

**Evening Phone**:

**How long have you known this reference?**

**What is your relationship to this reference?**



**Reference 2:** **Name**:

**Address:** Street #

City State Zip Code

**Day Phone:**

**Evening Phone**:

**How long have you known this reference?**

**What is your relationship to this reference?**



**Reference 3:** **Name**:

**Address:** Street #

City State Zip Code

**Day Phone:**

**Evening Phone**:

**How long have you known this reference?**

**What is your relationship to this reference?**



I, Type your name here, hereby certify that the information I have provided on this application for employment is true and correct. I authorize Divine Street United Methodist Church and it’s agents to verify the information I have provided on this application for employment by contacting the references and employers I have listed, by conducting a criminal records check, or by other means including contacting persons I have not listed. I authorize the references and employers I have listed in this application for employment to give Divine Street United Methodist Church and/or its agents any information they may have regarding my character and my fitness for the job for which I have applied. Furthermore, I waive any rights I may have to confidentiality.

In the event that I become employed by Divine Street United Methodist Church, I agree to be bound by the policies of Divine Street United Methodist Church and refrain from inappropriate conduct in the performance of my duties on behalf of Divine Street United Methodist Church.

I have read this waiver and am fully aware of its contents. I sign and give my consent of my own free will and without coercion or threat of reprisal

**Signature of Applicant Date:**

**Witness Date:**

Double Click the Adobe Icon to open the Trak-1Authorization to Obtain Consumer Report.

