

The First Church in Oberlin, United Church of Christ

Application/Disclosure Form for Paid and Volunteer Ministers in Christian Education Programs and Activities for Children and/or Youth and for Paid Ministers in the Positions Specified in §IV of the Church's Document Entitled "Policies and Procedures for a Safe Church"

Name: Last	First	Middle
Address: Street	City, state	Zip code
Daytime telephone number	Evening telephone number	E-mail address

For Paid Positions Only

I am applying for the position of _____

For Volunteers Only

I have been a member of the Church since _____

I am not a member but have been a friend of the Church since _____

Contact Information for a Reference Who Is Related to You

Name: Last	First	Middle
Address: Street	City, state	Zip code
Daytime telephone number	Evening telephone number	E-mail address

Contact Information for Two References Who Are Not Related to You

Name: Last First Middle

Address: Street City, state Zip code

Daytime telephone number Evening telephone number E-mail address

Name: Last First Middle

Address: Street City, state Zip code

Daytime telephone number Evening telephone number E-mail address

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**I have never been convicted of, or pled guilty or no contest to, a crime other than a minor misdemeanor. Note: Exclude convictions or offenses about which enquiry is not permissible in Ohio.**

True  Not True

*If not true, please briefly describe the nature of the crime(s), the date and place of your conviction, and the legal disposition of the case. The Church will not deny you a position solely because you have been convicted of a crime. The Church, however, may consider the nature, date, and circumstances of your offense, as well as whether the offense is relevant to the duties of the position for which you are applying:* \_\_\_\_\_

\_\_\_\_\_.

**Is there any fact or circumstance involving you or your background that would call into question your being entrusted with the responsibilities of the position for which you are applying?**

Yes  No

*If yes, please provide a brief explanation:* \_\_\_\_\_

\_\_\_\_\_.

I understand that, for the health of the Church, covenants with applicants for paid or volunteer positions require honesty, integrity, and truthfulness. I therefore attest that the information set forth in this application/disclosure form is true and complete. I understand that any misrepresentation or omission may be grounds for rejection of consideration for, or termination of, my application.

I acknowledge that it is my duty to amend, in a timely fashion, any responses I have provided if I learn that the information in them was incorrect when given or, though accurate when given, is no longer accurate.

I hereby authorize the Church and/or its agents to make inquiries regarding my character and qualifications, including all statements I have set forth above. I also authorize all entities, persons, former employers, supervisors, courts, and law enforcement and other public agencies to respond to inquiries by the Church concerning me, to supply verification of the statements I have made, and to comment on and state opinions regarding my background, character, and qualifications.

To encourage such persons and entities to respond openly and responsibly to inquiries by the Church, I hereby release them from all liability arising from their comments and statements.

The Church's process for recruiting volunteers involves the sharing of information regarding applicants with any and all persons in a position to recruit, secure, and/or supervise employees in the position to be filled. To that end, I hereby authorize the Church and/or its agents to circulate, distribute, and otherwise share information gathered in connection with my completed application/disclosure form to such persons for these purposes. I understand that the Church will share with me information it has gathered about me if I request it to do so.

I acknowledge receipt of the Church's Policies and Procedures for a Safe Church and attest that I have read them and do understand them.

\_\_\_\_\_  
Please sign your name Date

\_\_\_\_\_  
Please print your name

***If you are under the age of eighteen the permission of your parent or guardian is required:***

\_\_\_\_\_  
Signature of your parent or guardian Date

\_\_\_\_\_  
Printed name of your parent or guardian

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For Church Office Use Only

- Personal interview conducted by*

_____ on _____
Signature of Church member *Date*

- Reference inquiries completed by*

_____ on _____
Signature of Church member *Date*

- For paid Ministers in Christian Education programs and activities for children and/or youth**, background check performed using fingerprints sent to the Civilian Background Check Unit, Bureau of Criminal Identification and Investigation, P.O. Box 365, London, Ohio 43140, by

_____ on _____
Signature of Church member *Date*

- For all Ministers in Christian Education programs and activities for children and/or youth and for paid Ministers in the positions specified in §IV of the Church document entitled "Policies and Procedures for a Safe Church,"** the first annual registered-sex-offender review at <www.nsopr.gov>, performed by

_____ on _____
Signature of the Director of Christian Education (or, if said position is vacant, the Chair of the Christian Education Committee) or of a member of the Personnel Committee as specified in §IIID or §IVC of the Church document entitled "Policies and Procedures for a Safe Church" *Date*

- For volunteers in Christian Education programs and activities for children and/or youth**, membership in or friendship with the Church for six months confirmed by

_____ on _____
Signature of Church member *Date*

- Safe Church awareness training and policy orientation conducted by*

_____ on _____
Signature of Church member *Date*