

**Unitarian Universalist Church of Portsmouth**

**Primary Screening Form For Children or Youth Work**

This application is to be completed by all applicants for any position (volunteer or compensated) involving the supervision or custody of minors. This form is being used to help the church provide a safe and secure environment for those children and youth who participate in our programs.

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
City State Zip Code

Home Phone \_\_\_\_\_ When is the best time to reach you at home? \_\_\_\_\_

Work Phone \_\_\_\_\_ May the DLFD phone you at work? \_\_\_\_\_ When? \_\_\_\_\_

How long have you live at your present address? \_\_\_\_\_

If you have not lived in your current town for 5 years, please list the cities and states where you have lived for the last 5 years \_\_\_\_\_

How long have you attended South Church? \_\_\_\_\_ Are you a member here? \_\_\_\_\_

List (name and address) all other churches you have attended regularly during the past 5 years \_\_\_\_\_

List all previous church and non-church work involving children or youth (name and address of each church/ organization, type of work performed, and dates) \_\_\_\_\_

List 2 references who you have known for at least 2 years and are not related to you

Name Telephone

Address

Name Telephone

Address

List a 3<sup>rd</sup> reference who is a family member. Name Telephone

Address

Do you have a current driver's license or other photographic identification? \_\_\_ Yes \_\_\_ No

Please list your driver's license number \_\_\_\_\_

Have you ever been accused or convicted of a crime? \_\_\_\_\_

If you answered "yes" to the previous question, you will be contacted by the DLFD or by the Parish Minister concerning the circumstances of the incident.

All of the above information I have given is truthful and accurate to the best of my knowledge. I authorize any references or churches listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for children or youth work. In consideration of the receipt and evaluation of this application by South Church, I hereby release any person or organization providing a reference from any and all liability for damages on account of compliance with this authorization, excepting only the communication of knowingly false information.

Should my application be accepted, I agree to be bound by the Bylaws and policies of South Church.

*I have received a copy of the Safe Congregation Policies and Procedures. Yes \_\_\_\_\_ No \_\_\_\_\_*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*I give permission for my son/daughter to become a member of the volunteer staff and understand that I am legally and financially responsible for his/her actions and conduct.*

\_\_\_\_\_  
Parent/Guardian Signature / Date

\_\_\_\_\_  
Parent/Guardian Signature / Date

Office Use Only:

Code of Ethics completed \_\_\_\_\_ Criminal Record Release Authorization completed \_\_\_\_\_

References received: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
Date Date Date

Criminal Record Release Authorization: Sent \_\_\_\_\_ Records Received \_\_\_\_\_  
Date Date