

Primary Screening Form for Children and Youth Workers
Trinity United Methodist Church ♦ 903 Forest Avenue, ♦ Richmond, Virginia 2322

Full Name (including maiden name): _____

Present Address: _____

City: _____ State _____ Zip _____

Home phone: _____ Work phone _____

Email address: _____

Date you first became active at TUMC or with TUMC-sponsored activity: _____

Name(s) and dates of churches you have attended regularly during past 5 years: _____

Have you previously worked with youth? _____ (if yes, please list all previous church and non-church experience, including names, dates and addresses on back of this form)

In what activities will you be involved? _____
(e.g. Upward Basketball, Sunday School, Staff, Scouts, general, etc.)

Current Driver's License Number _____
(**you must attach a clear copy of your license in order for this form to be processed**)

Have you ever been convicted of or pleaded guilty or no contest to a crime? _____
(if yes, explain) _____

References (no close relatives, please):

Name _____ Relationship _____ Telephone _____

Name _____ Relationship _____ Telephone _____

Before turning in your forms, PLEASE DO THE FOLLOWING STEPS:

- Attach a **clear copy** of your driver's license
- Completely fill in **all required fields**
- Complete the online Child Protection Training session**, available at www.trinityUMC.net
(found on the home page under *Child Protection*)
- Complete a request for a background check by going to:**
<http://www.ministryopportunities.org/trinityumc>
- Sign** this form
- All of the above must be completed in order for your application to be processed!**

I have read and understand Trinity's Child Protection Policy and Procedures (located at www.trinityumc.org on the Child Protection page) and agree to abide by it. I have no convictions for Child abuse or expungements of such convictions. I authorize any person or church listed above to give you any information (including opinions) that they may have regarding my character and fitness to work with children or youth and I hereby release any such person or church from any and all liability for damages of whatever kind that may result as a result of any compliance or attempt to comply with this authorization. In addition, I give permission to Trinity UMC or its agents to conduct Criminal Records Background Checks, Social Security checks and reference checks.

(signature)

(date)

FOR OFFICE USE ONLY:

___ Driver's License

___ Background check

___ Child Protection Training

___ Reference #1

___ Reference #2

___ APPROVED