

The United Methodist Children's Home
 500 S. Columbia Drive, Decatur, Georgia 30030
VOLUNTEER APPLICATION

INSTRUCTIONS: Please print in ink or type. Complete ALL information. Failure to fill in all boxes may result in a delay of processing your application or your application not being processed at all.

Identification	NAME (Last) _____ (First) _____ (Middle) _____			SOCIAL SECURITY # _____		DATE OF BIRTH _____	AGE _____	
	EMAIL ADDRESS _____		OTHER NAMES YOU HAVE USED _____		PHONE (Home) _____ (Work) _____ (Cell) _____			
	STREET ADDRESS _____			COUNTY _____	CITY _____		STATE _____	ZIP _____
	HOW LONG AT THIS ADDRESS? _____	(IF LESS THAN FIVE YEARS, PLEASE PROVIDE PREVIOUS ADDRESS INFO) STREET ADDRESS _____			COUNTY _____	CITY _____	STATE _____	ZIP _____
	HOW LONG AT THIS ADDRESS? _____	IF NOT A U.S. CITIZEN, DO YOU HAVE A WORK PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO		HAVE YOU SERVED IN THE MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO		BRANCH OF SERVICE _____ TYPE OF DISCHARGE _____ DATE OF DISCHARGE _____		
Miscellaneous	HAVE YOU BEEN ARRESTED, CHARGED, CONVICTED OR PLED NOLO CONTENDERE (NO CONTEST) FOR VIOLATION OF ANY LAW IN ANY STATE, THE DISTRICT OF COLUMBIA OR ANY FOREIGN COUNTRY OTHER THAN MOTOR VEHICLE PARKING VIOLATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN, GIVING DATE, NATURE OF OFFENSE, DISPOSITION.							
	DO YOU SMOKE? <input type="checkbox"/> YES <input type="checkbox"/> NO		DO YOU DRINK ALCOHOL? <input type="checkbox"/> YES <input type="checkbox"/> NO ___ MODERATELY ___ EXCESSIVELY					
	DO YOU OWN A CAR? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HAVE A CURRENT LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	LICENSE # AND STATE _____		DATE OF EXPIRATION _____			
	CIRCLE HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12				COLLEGE 1 2 3 4		OTHER _____	
Education	SCHOOL NAME, CITY AND STATE _____			DATES ATTENDED _____	MAJOR _____	DEGREE ATTAINED _____		
	HIGH SCHOOL							
	COLLEGE							
	COLLEGE							
	GRADUATE SCHOOL							
	VOCATIONAL							
	OTHER TRAINING _____				ARE YOU ATTENDING SCHOOL NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Personal	OTHERS LIVING IN YOUR HOME (children, adults):							
	NAME _____	DOB _____	GENDER _____	OCCUPATION/GRADE \				
	NOTE: ANYONE OVER THE AGE OF 18 LIVING IN YOUR HOME MUST FILL OUT AN APPLICATION AS WELL.							
	ADULT CHILDREN LIVING AWAY FROM HOME:							
	NAME _____	DOB _____	CITY, STATE _____					
	NAME _____	DOB _____	CITY, STATE _____					
PERSON TO CONTACT IN AN EMERGENCY _____								
PHONE _____	RELATIONSHIP _____							
HOW DID YOU HEAR ABOUT UMCH? <input type="checkbox"/> WEBSITE <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> WALK-IN/DRIVE-BY <input type="checkbox"/> CHURCH: _____ <input type="checkbox"/> OTHER _____								
ARE YOU RELATED TO/ACQUAINTED WITH ANY CURRENT UMCH EMPLOYEE? GIVE NAME(S). _____								
HAVE YOU EVER APPLIED TO OR BEEN EMPLOYED BY THIS AGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN? _____								

Employment

PRESENT EMPLOYMENT

1

NAME OF COMPANY		STREET ADDRESS		CITY	STATE	ZIP
POSITION	DATES EMPLOYED (MONTH/YEAR) TO		CONTACT PERSON	CONTACT'S PHONE		

If employment is less than one year, please list most recent previous employment as well.

2

NAME OF COMPANY		STREET ADDRESS		CITY	STATE	ZIP
POSITION	DATES EMPLOYED (MONTH/YEAR) TO		CONTACT PERSON	CONTACT'S PHONE		

Volunteering

VOLUNTEER AREAS OF INTEREST

_____ Tutor for middle and high school students on campus or for Foster Care children

Please specify subject(s): _____

_____ Big Brother/Big Sister*

_____ Visiting Family*

_____ Other: _____

AVAILABILITY TO VOLUNTEER

Day(s) of week: _____

Times(s) of day: _____

*There will be additional forms for these Visiting Resource applicants, including a background check.

Mission Statement

MISSION STATEMENT



The mission of the United Methodist Children's Home is to provide redemptive, healing services that bring meaningful change to the lives of children and families. Grounded by scripture and the tradition of the church, we seek to bring the wholeness of God's love to persons through Christ.

DO YOU BELIEVE YOU CAN UPHOLD THE MISSION STATEMENT OF THE UNITED METHODIST CHILDREN'S HOME?

YES NO

Signature of Volunteer Applicant

Date

References

REFERENCES: GIVE FULL INFORMATION REQUESTED FOR FOUR REFERENCES* (INCLUDE ONE EMPLOYMENT-RELATED). ONE RELATIVE MUST BE USED AS A REFERENCE.				
1	NAME	MAILING ADDRESS	CITY	STATE & ZIP TELEPHONE
	RELATIONSHIP	EMAIL ADDRESS	NO. YEARS KNOWN	
2	NAME	MAILING ADDRESS	CITY	STATE & ZIP TELEPHONE
	RELATIONSHIP	EMAIL ADDRESS	NO. YEARS KNOWN	
3	NAME	MAILING ADDRESS	CITY	STATE & ZIP TELEPHONE
	RELATIONSHIP	EMAIL ADDRESS	NO. YEARS KNOWN	
4	NAME	MAILING ADDRESS	CITY	STATE & ZIP TELEPHONE
	RELATIONSHIP	EMAIL ADDRESS	NO. YEARS KNOWN	
* HAVE YOU BEEN EMPLOYED IN A POSITION WORKING WITH CHILDREN IN THE LAST FIVE YEARS? IF YES, THAT MUST BE INCLUDED AS A FIFTH REFERENCE:				
5	BUSINESS NAME	MAILING ADDRESS	CITY	STATE & ZIP TELEPHONE
	CONTACT	EMAIL ADDRESS	HOW LONG WERE YOU EMPLOYED THERE?	

The United Methodist Children's Home Position on Morality

In the best interest of children regarding morality and role modeling such morality, there are some principles to which the United Methodist Children's Home ascribes by upholding ethical conduct that provides the foundation for the values we hope to communicate to the children and young people entrusted to our care.

- I. We affirm that marriage is a contract that is expressed in love, mutual support, personal commitment and shared fidelity between a man and a woman. We reject all sexual acts and expressions that dehumanize or destroy people, and we affirm only those sexual acts and expressions that enhance our humanity.
- II. We do not believe that two persons should engage in a sexual relationship outside of marriage. Any act of sexual harassment, any sexual contact between staff members and residents or between volunteers and residents of the United Methodist Children's Home will not be tolerated.

Violation of the above mentioned shall be grounds for immediate termination from employment status or volunteer relationship.

All staff members and volunteers shall show the highest standards of sexual morality in all their relationships connected with their employment or volunteer work here.

I understand the above position of the United Methodist Children's Home and will support it by precept and example while affiliated with the Children's Home.

Signature of Applicant

Date

The United Methodist Children's Home is an equal opportunity employer. We do not discriminate in employment practices on the basis of political affiliation, religion, religious beliefs, race, color, gender, disability, age, creed, veteran status or national origin.

Please read and initial each Paragraph of Understanding written below.

(Ask the interviewer for an explanation if you do not understand any part.)

_____ I authorize the United Methodist Children's Home (UMCH) to investigate my references and other matters related to my suitability for volunteering. In addition, I hereby release UMCH, my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that UMCH complies with the child caring regulations of the State of Georgia Office of Regulatory Services. I also understand that a criminal records check in my name must be returned as "Satisfactory."

_____ I understand that if the area of help I am interested in requires driving in the course of volunteering, my acceptance is contingent on a satisfactory check of my driving record through the Department of Motor Vehicles.

_____ I understand that in order to maintain a smoke free environment in support of lessening of health hazards as well as promoting positive role models for children, UMCH will hire or engage as employees or volunteers only persons who agree not to smoke on its premises or while on duty anywhere or when in the presence of our children.

_____ I understand that any false or misleading statements or omission of questions asked on this application will be just cause for removing my name from consideration as a volunteer or for immediate dismissal from volunteering

_____ I certify that I have never abused, neglected, sexually exploited or deprived a child or an adult. I further certify that I have never subjected any person to serious injury as a result of intentional or grossly negligent misconduct.

_____ I understand the UMCH policy on confidentiality requires that I shall not disclose or knowingly permit the disclosure of any information concerning a child or his/her family, directly or indirectly, to any unauthorized person. I also understand that failure to follow this policy of confidentiality is reason for immediate dismissal from the volunteer program.

My signature below certifies that I have read and understand this complete page and agree to the terms and conditions outlined in this document.

Signature of Applicant

Date



Accredited by the Council on Accreditation

Accredited by the EAGLE Commission - an accreditation process of the United Methodist Association of Health and Welfare Ministries

Licensed by the Georgia Department of Human Resources

Member, The United Methodist Association

Member, Georgia Association of Homes and Services for Children

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

UNITED METHODIST CHILDREN'S HOME
500 South Columbia Drive • Decatur, Georgia Decatur, GA 30030
VOLUNTEER CONFIDENTIALITY AGREEMENT

As a volunteer of the United Methodist Children's Home (UMCH), you may learn of or have access to information including, but not limited to, information relating to:

- Youth (e.g., records, conversations, intake information, financial information, etc.);
- UMCH (e.g., statistical records, strategic plans, internal reports, memos, contracts, peer review information, communications, computer programs, etc.).

Confidential information is valuable and sensitive and is protected by law and by organizational policies. Confidential information may only be disclosed with the specific authorization of the youth/parent/legal guardian. The intent of these laws and policies is to assure that confidential information will remain confidential and will be used only as necessary to accomplish the mission of the UMCH. As a volunteer, you are required to comply with these laws and policies.

Accordingly, you must:

- Use confidential information only as needed to perform your legitimate duties as a volunteer of UMCH;
- Only access confidential information for which you have a need to know;
- Ensure that health information is used only for health care treatment, payment, and operations. Health information cannot be used for purposes not related to health care without the specific authorization of the youth/parent/legal guardian;
- Not transmit, divulge, copy, release, sell, loan, review, alter, or destroy any confidential information except as properly authorized within the scope of your volunteer duties;
- Not misuse confidential information or treat confidential information carelessly;
- If you use an agency computer in the course of your volunteer responsibilities, log off when leaving a computer or workstation;
- Safeguard your passwords or any other authorizations you have that allow you to access confidential information;
- Accept responsibility for all activities undertaken using your password or other forms of authorization;
- Take appropriate measures to safeguard information appropriately held in your home as part of your volunteer responsibilities;
- Report activities by any individual or entity that you suspect may compromise the confidentiality of confidential information. Reports made in good faith about suspect activities will be held in confidence to the extent permitted by law; and
- Understand that your obligations under this agreement will continue after you cease to be a volunteer with UMCH.

You will be responsible for your misuse of confidential information or wrongful disclosure of confidential information and for your failure to safeguard your password or other authorization to access confidential information. You understand that your failure to comply with this agreement may result in adverse employment action in accordance with UMCH policy. Your failure to comply with this agreement may also result in civil monetary penalties up to \$25,000 and/or federal criminal penalties.

Volunteer's Signature: _____

Volunteer's Name: _____

Date: _____

ETHICAL STANDARDS

A number of years ago a then-existing organization, The National Association of Homes and Services for Children, produced a Code of Ethics for its members. This code is part of the policy of the United Methodist Children's Home. In part, that code reads as follows:

WE WILL STRIVE to protect children in our care from abuse or maltreatment, experimentation, economic exploitation, malnutrition and unsafe environments and shall bring to account adults who thwart that purpose.

[UMCH will prosecute to the full extent of the law any individuals who engage in child abuse or inappropriate behavior with children.]

WE WILL PROVIDE every opportunity for children to learn and to develop whatever talents they may possess.

WE WILL ACCORD children in our care full respect as individuals and the full rights guaranteed all citizens of the United States, while teaching them to respect the rights of others

WE WILL RESPECT the uniqueness of each child's race, culture and religion while attempted to instill a sense of self-worth, individuality, and the responsibilities as well as the privileges of citizenship.

WE WILL NURTURE in each child the spiritual ethics appropriate to their background and religious heritage.

As a volunteer of the United Methodist Children's Home I agree to abide by the principles set out above.

Signature

Date

Print Name

9/12/05

UNITED METHODIST CHILDREN'S HOME - VOLUNTEERS
APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE AND DISCLOSURE

We truly welcome your interest and service to the United Methodist Children's Home. We are proud of our ministry and its programs and recognize it is the result of the quality and caliber of the people in our agency. In pursuit of that excellence we require that all volunteers consent to, and authorize, our requesting of a national criminal background history.

Therefore, by completing this form it will authorize MBI Worldwide of Herrin, Illinois (referred to as "MBI") and any of its agents/designated representatives to disclose orally, electronically, and in writing the results of this verification process and/or interview to the designated authorized representatives of this agency.

NOTE: The following information is provided voluntarily and is true and complete to the best of my knowledge. It is used for identification purposes in verifying information for background verification.

Please **print** clearly **all** information requested.

Applicant: _____

Social Security # _____ Sex _____ Race _____ Date of Birth: _____

Current Address: _____ Yrs. _____ Mos. _____

City: _____ County: _____ State: _____ Zip: _____

RESIDENCES IN STATES OTHER THAN GEORGIA DURING THE LAST 7 YEARS
(Please use the back of this form if additional space is needed)

Previous Address: _____ Yrs. _____ Mos. _____

City: _____ County: _____ State: _____ Zip: _____

Previous Address: _____ Yrs. _____ Mos. _____

City: _____ County: _____ State: _____ Zip: _____

DR License # _____ State: _____

Signature: _____ **Date:** _____