

ALDERSGATE V.B.S. VOLUNTEER – June 12-16, 2017

NAME: _____ Phone: _____ E-Mail: _____

Address: _____ City _____ Zip: _____

You are a(n) _____ Adult _____ Youth (grade _____) _____ Need Service Hour Letter

Your Church Home: _____ Your School _____

Your Preferred Position: _____

(Please indicate what area or age-group you would like to work with, and with or without your own child.)

OFFICE USE - Assigned Position:

Do you need Childcare/Nursery for your younger child (2 and under)? _____ Yes _____ No

If Yes: Child's Name _____ Birthdate _____

EMERGENCY CONTACT INFO:

For Youth:

Mother's Name _____

Mom's Cell _____

Father's Name _____

Dad's Cell _____

For Adults:

Spouse's Name _____

Spouse's Cell _____

Emergency Contact (other than Parent/Spouse):

Name _____

Phone _____

Medical or Physical Limits, Including Allergies: _____

The signature below indicates permission is granted to Aldersgate United Methodist Church and its representatives to seek medical treatment in the case of an emergency and parent/spouse/contact person cannot be reached.

In order for Aldersgate UMC's staff and/or representatives to administer Emergency Medication (ex: Epi-pen) to a Youth Volunteer, the Church MUST have on file a WRITTEN REQUEST TO ADMINISTER the medication from the parent or legal guardian of the Youth Volunteer.

Signature (Parent must sign for Youth)

Date

Do you want to order a VBS T-Shirt? Cost = \$8 _____ Yes _____ No

(Shirts MUST be preordered by Tuesday, May 31st, to guarantee delivery!)

_____ Youth Lg _____ Adult Sm _____ Adult Med

_____ Adult Lg _____ Adult XL _____ Adult 2X Other _____

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For Office Use Only:

Date Received _____ Paid: Check # _____ Amt. \$ _____

Input Check-list: _____ T-shirt Spreadsheet _____ Shelby _____ Nursery/2's

*Aldersgate United Methodist Church
Participation Covenant Statement
for Volunteers Working with Children & Youth*

The congregation of this 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. With regards to volunteering in ministries with children and youth:

- No adult who has been convicted of type of child-abuse should volunteer to work with children or youth in any church-sponsored activity.
- Adult volunteers shall observe the "Two-Adult Rule" at all times so that no adult volunteer is ever alone with children or youth.
- Adult volunteers shall have either been a member of this congregation for at least six months or be partnered with such a member.
- Volunteers shall attend an Orientation meeting that includes church policies and state laws regarding child abuse.
- Adult volunteers shall immediately report to their supervisor any behavior that seems abusive or inappropriate.

Please answer each of the following questions:

As a volunteer involved in ministries with children and/or youth of this congregation,
Do you agree to...

1. Inform a pastor of this congregation if you have ever been convicted of child-abuse? ___ Yes ___ No
2. Abide by all church policies regarding working in ministries with children and youth? ___ Yes ___ No
3. Adhere to the "Two-Adult Rule" at all times? ___ Yes ___ No
4. Attend an Orientation Meeting provided by the church related to your volunteer assignment? ___ Yes ___ No
5. Promptly report abusive or inappropriate behavior to your supervisor or group leader? ___ Yes ___ No

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

Signature of Applicant

Print Full Name

Date

Signed Covenant Forms and Safe Sanctuary Orientation Meeting rosters are saved and reported to our Annual Conference during each yearly Audit.