

# BUNCOMBE STREET UNITED METHODIST CHURCH

Greenville, South Carolina

## Safe Sanctuary Application for Youth Volunteer

to serve in ministry with Children, Youth or Vulnerable Adults

*This Safe Sanctuary Application is to be completed by a prospective youth volunteer of Buncombe Street United Methodist Church to serve in a position of supervision over children, youth or vulnerable adults in the course of ministry or activity to occur within the facilities of the church, on a church bus or otherwise sponsored or affiliated with Buncombe Street United Methodist Church. A completed application shall be submitted to the Church Administrator, C. A. Malaska c/o Buncombe Street United Methodist Church, 200 Buncombe Street, Greenville, SC 29601. All applications will be handled in a secure and confidential manner. The complete Safe Sanctuary Policy of Buncombe Street United Methodist Church is available in the Church Business Office or at [www.bsumc.com](http://www.bsumc.com). Please contact the Church Administrator, C. A. Malaska at 371-6085 or [chris.malaska@bsumc.com](mailto:chris.malaska@bsumc.com) with any questions you may have about this procedure.*

I am applying to serve with:

Children's Ministry    Youth Ministry    Vulnerable Adults    Other \_\_\_\_\_

Full Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Other Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Email Address \_\_\_\_\_ @ \_\_\_\_\_

School Attending \_\_\_\_\_ Current Grade Level \_\_\_\_\_

Have you been associated with Buncombe Street United Methodist Church or the organization in which you are applying to volunteer with for at least six months?  
\_\_\_\_\_ YES   \_\_\_\_\_ NO   If so, for how long? \_\_\_\_\_

Please list any volunteer experience with other churches, agencies or schools :  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you available for periodic Safe Sanctuary training? \_\_\_\_\_ YES   \_\_\_\_\_ NO   Do you have prior First Aid or CPR training? \_\_\_\_\_ YES   \_\_\_\_\_ NO

Previous training type or certifications you hold \_\_\_\_\_

Parent or Guardian Full Name \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Work Telephone Number \_\_\_\_\_

Have you ever been convicted of, or plead guilty to a crime, either a misdemeanor or a felony, involving negligence, abuse, violence, sexual misconduct or immoral character?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If "yes", please explain fully:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you now or have you ever registered as a sex offender in any city, county, state or country?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, what jurisdiction?

Please list three persons that a minister or director of the church may contact as a reference for your character:

		<b>STAFF USE ONLY</b> volunteer interviewed and reference
1. Name _____	Relationship _____ Address _____	verified by _____
Telephone _____	Email Address _____	
2. Name _____	Relationship _____ Address _____	verified by _____
Telephone _____	Email Address _____	
3. Name _____	Relationship _____ Address _____	verified by _____
Telephone _____	Email Address _____	

*By signature below I acknowledge that I am completing this application in accordance with the Safe Sanctuary Policy of Buncombe Street United Methodist Church. I attest to the accuracy of the personal information provided and I acknowledge that the personal references may be verified by a minister or director of the church. I have read the Safe Sanctuary Policy of Buncombe Street United Methodist Church and will abide by the policy while serving with children, youth or vulnerable adults at the church or in association with the ministries of the church. Any information of personal nature, including but not limited to Family Court Orders and Orders of Protection, that I may become aware of concerning children, youth or vulnerable adults within the church will remain confidential and not be divulged to unrelated persons of interest.*

Youth Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**STAFF USE ONLY**

\_\_\_\_\_ Approved \_\_\_\_\_ Disapproved by, \_\_\_\_\_ Date \_\_\_\_\_