

VIII.

Sample Forms

Effective _____ **2017**

- **Children and Youth Volunteer Information and Disclosure Form**
-
- **Reference Response Form**
-
- **Activity Participation Agreement**
-
- **Transportation Permission Form**
-
- **Vehicle Authorization Form**
-
- **Notice of Injury Form**



FOUNDED IN 1871
NORTH CONGREGATIONAL
United Church Of Christ
2000 West Hawthorne Street • Columbus, Ohio 43227 • (614) 451-2327 • FAX (614) 451-2711

***Children and Youth Volunteer
Information and Disclosure Form***

NAME: Last First Middle

ADDRESS: Street City/State Zip Code

DAYTIME PHONE EVENING PHONE EMAIL

References: One reference should be related to you and the other references should not be related to you.

NAME

ADDRESS CITY STATE ZIP CODE

TELEPHONE EMAIL

NAME

ADDRESS CITY STATE ZIP CODE

TELEPHONE EMAIL

NAME

ADDRESS CITY STATE ZIP CODE

TELEPHONE EMAIL

Covenants between persons seeking authorized volunteer positions in the church require honesty, integrity, and truthfulness for the health of the church. To that end, I attest that the information set forth in this application is true and complete. I understand that any misrepresentation or omission may be grounds for rejection of, consideration for, or termination of, the position I am seeking to fill. I acknowledge that it is my duty in a timely fashion to amend the responses and information I have provided if I come to know that the response or information was incorrect when given or, though accurate when given, the response or information is no longer accurate.

Beginning such relationships with an open exchange of relevant information builds the foundation for a continuing and healthy covenant between volunteers and the church they seek to serve. To that end, I authorize all statements I have set forth above. I also authorize North Congregational United Church of Christ and/or its agents to make inquiries regarding my character and qualifications, including all statements I have set forth above. I also authorize all entities, persons, former employers, supervisors, courts, law enforcement, and other public agencies to respond to inquiries concerning me, to supply verification of the statements I have made, and to comment on and state opinions regarding my background, character, and qualifications. To encourage such persons and entities to speak openly and responsibly, I hereby release them from all liability arising from their responses, comments, and statements.

The North Congregational United Church of Christ authorized volunteer recruitment process involves the sharing of information regarding applicants with those persons in a position to recruit, secure, and supervise both the position I am seeking to fill and program I am seeking to participate in. To that end, I authorize North Congregational United Church of Christ and its agents to circulate, distribute, and otherwise share information gathered in connection with this application to such persons for these purposes. I understand that North Congregational United Church of Christ will share with me information it has gathered about me, if I request it to do so.

I acknowledge my receipt and understanding of the North Congregational United Church of Christ Safe Church Policy.

(PRINT NAME & SIGN) DATE

(PRINT NAME & SIGNATURE OF PARENT OR GUARDIAN FOR APPLICANTS UNDER 18) DATE

To be completed by Church:

- Sex Offender Registry (www.nsopr.gov) review performed on _____
- Personal interview conducted by staff on _____
- Reference inquiries completed on _____
- Church membership for 6 mos. or association for 1 year confirmed on _____
- Safe church awareness training and policy orientation performed on _____

Church Activity

What church or churches have you attended in the past five years?

Church name	Pastor's name	Years attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

References (Other than relatives). Please provide at least two.

Name/Relationship	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____



Reference Response Information

To: _____
Name of Ministry

From: _____
Address

Subject: _____
Name of Worker Candidate

The individual named above has expressed an interest in working with children or youth in our ministry. The candidate has listed you as a reference. In order for our organization to properly evaluate the qualifications of this worker candidate, we are asking you to complete this form with your honest opinions and impressions of the candidate.

Please return the completed form to our organization in the enclosed envelope. Thank you for your assistance.

1. How long have you known the ministry worker candidate? _____

2. In what capacity have you come to know this individual? (i.e. coworker, neighbor, friend, etc.) _____

3. In your opinion, is the above worker candidate fully qualified to work with children and youth?

Yes _____ No _____ (If no, please explain)

4. What concerns, if any, would you have in allowing this individual to work with children or youth? _____

5. Are you aware of anything in the candidate's background, personality, or behavior that could in any way pose a threat to children or youth? _____

Yes _____ No _____ (If yes, please explain)

Additional comments or explanations:

The above information is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Please return this form at your earliest convenience to: (name of church, individual)

Attn: Chair, Board of Christian Education

North Congregational United Church of Christ

2040 Henderson Road

Columbus, OH 43220

Thank you.



FOUNDED IN 1875
NORTH CONGREGATIONAL
United Church Of Christ
2049 West Henderson Road • Columbus, Ohio 43229 • (614) 451-3031 • Fax (614) 451-7111

Activity Participation Agreement

Activity Information (To be completed by the activity sponsor)

Name of sponsoring organization: _____

Address: _____ Telephone: _____

Name of sponsor's coordinator: _____ Telephone: _____

Description of activity: _____

Date(s) and location of activity: _____

Participant Information (To be completed by participant or authorized guardian)

Name of participant: _____

Name of parents/guardians.: _____

Address: _____ Telephone: _____

Name of emergency contact: _____

Telephone (daytime): _____ Telephone (evening): _____

List allergies or medical conditions: _____

Is sponsor authorized to approve medical treatment? Yes No

Is participant covered by personal/family medical insurance? Yes No

If yes, name of insurer: _____

Policy or group number: _____

Participation Agreement

I acknowledge that participation in the activity described above involves risk to the participant (and to the participant's parents or guardians, if the participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury; death, emotional injury, personal injury, property damage, and financial damage.

In consideration for the opportunity to participate in the activity described above (the "activity"), the participant (or parent/guardian if the participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the activity. The participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity, as well as for any medical treatment rendered to the participant that is authorized by the sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to as the "activity sponsor"). Further, the participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the activity sponsor for any injury arising directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of the activity sponsor, the participant, or otherwise.

(Over)

If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the participant (or parent/guardian) and the activity sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution in accordance with the rules of the American Arbitration Association.

Signature: _____ Date: _____
(Participant and/or parent/guardians if participant is a minor)



Transportation Permission Form

I give my permission for _____
to be transported by an adult employee or an adult volunteer of North Congregational
United Church of Christ to any church-related event or activity.

I understand that I may request a copy of the Safe Church Policy of North
Congregational United Church of Christ

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

Parent/Guardian Home Phone: _____

Parent/Guardian Cell Phone: _____

Parent/Guardian Work Phone: _____

Emergency Contact 1: _____ Phone: _____

Emergency Contact 2: _____ Phone: _____

Emergency Contact 3: _____ Phone: _____



FOUNDED IN 1875
NORTH CONGREGATIONAL
United Church Of Christ
2040 West Henderson Road / Columbus, Ohio 43220 / (614) 452-1831 / Fax (614) 452-7701

Vehicle Authorization Form

All vehicles used in North Congregational United Church of Christ activities (1) must be currently insured; (2) must have a valid vehicle registration; and (3) must have a valid inspection sticker.

Church Activity: _____

Date(s) of church activity: _____

Vehicle Registration valid through: _____
(Insert date from vehicle registration card)

Registered Owner of Vehicle: _____

License Plate Number of Vehicle: _____

Color of Vehicle: _____



FOUNDED IN 1873
NORTH CONGREGATIONAL
United Church Of Christ
2040 Henderson Road Columbus, Ohio 43220 FAX: 614-451-1831 For (504) 451-7711

Notice of Injury

Organization	Name: <u>North Congregational United Church of Christ</u> Address: <u>2040 Henderson Road, Columbus, OH 43220</u>
Time and Place of Injury	Date of Injury: _____ Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM Where did the injury occur? _____
Person Injured	Name: _____ Age: _____ Address: _____ Telephone: _____ Name of parents/guardians (if a minor): _____ Employer: _____ Injuries sustained: _____ Where was injured taken? (hospital/doctor): _____ Relationship to organization: _____ <input type="checkbox"/> Member <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Employee <input type="checkbox"/> Student/Camper <input type="checkbox"/> Other <input type="checkbox"/> If injury occurred on insured's premises, for what purpose was the injured on the premises? _____ Who was responsible for supervision at the time of injury? _____ If injury occurred elsewhere, what connection did it have with the insured's operations or activities? _____ Does the injured party have personal medical insurance that could apply? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of medical insurance company: _____ _____
Full Description of Incident	_____ _____ _____ _____
Witnesses	Name: _____ Telephone: _____ Address: _____ Name: _____ Telephone: _____ Address: _____

Signature: _____ Date of report: _____

