

**St. Paul's United Methodist Church  
Child Protection Guidelines for Employees and Volunteers  
Primary Screening Form for Working with Minors**

Date \_\_\_\_\_ Birth Date \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Other phone numbers where you may be contacted (i.e. cell, pager) \_\_\_\_\_

Do you have a current driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No License Number \_\_\_\_\_

If you are a church employee, please indicate your position \_\_\_\_\_

Please indicate the types of work with minors you are currently doing or would prefer to do. \_\_\_\_\_

Have you ever been convicted of or pleaded guilty to a crime? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(If yes, please explain. Attach separate sheet if necessary.)

Is there any fact or circumstance from your background that would call into question your being entrusted with the supervision, care or guidance of minors? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(If yes, please explain. Attach separate sheet if necessary.)

I give my permission for St. Paul's United Methodist Church to obtain a limited police background check if deemed necessary. \_\_\_\_\_ Yes \_\_\_\_\_ No

I swear or affirm that the information contained on this form is true and correct to the best of my knowledge. I also swear or affirm that I have carefully read and understand the child protection guidelines of St. Paul's United Methodist Church. I will attend the child protection training offered by St. Paul's and will abide by these guidelines. I understand that this completed form is the sole property of St. Paul's United Methodist Church and will be kept in a confidential file box.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Parent or Guardian's Statement**  
**If Applicant is a Minor**  
(under 18 years of age)

If the applicant is a minor, a parent or guardian is required to sign and affirm that the minor has not engaged in illegal activities.

To my knowledge \_\_\_\_\_ (full name of minor) has not engaged in illegal activity and I know of no reason why he or she should not work with minors at St. Paul's United Methodist Church.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

I have attended St. Paul's United Methodist Church Child Protection Training and agree to abide by the Child Protection Guidelines.

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Signature

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Date

Please indicate any change in personal information: