

**Lansing United Methodist Church  
Ministry Partner Application**

Thank you for your willingness to volunteer in positions ministering to children, youth, or vulnerable adults<sup>1</sup>! We appreciate your time in filling out this ministry partner application as part of our Safe Sanctuaries policy to protect all who come into our presence to participate in worship and our ministries. If you have any concerns about this process, please don't hesitate to discuss them with Pastor Alison or the ministry supervisor who has provided you with this application. Also, if there is insufficient space provided for any of the requested information, please continue your answers on the back of the page. Thank you again for blessing us in your calling to serve in LUMC ministries!

**Please provide the following information covering the past 5 years, unless a longer period is indicated in the question:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Best Contact Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

What position(s) involving ministries with children, youth, or vulnerable adults are you volunteering for: \_\_\_\_\_

Why would you like to volunteer for positions ministering to children, youth, or vulnerable adults? \_\_\_\_\_

What qualities, experiences, or skills, do you have that would help you work with children, youth or vulnerable adults? \_\_\_\_\_

Special interests hobbies & skills: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Current job responsibilities and work schedule: \_\_\_\_\_

Previous employment history (past 5 years—please provide employer, job title, responsibilities, and dates of employment) \_\_\_\_\_

<sup>1</sup> Vulnerable Adults are persons aged 18 and over, who, due to age, illness, or a mental or physical condition, is less able to take care of himself/herself, or less able to protect himself/herself against harm or exploitation, including, but not limited to, physical and sexual abuse, neglect by self or other, financial or material exploitation, or emotional or psychological mistreatment.

Previous volunteer experience (past 5 years): \_\_\_\_\_

Prior church membership (past 5 years): \_\_\_\_\_

Do you have your own transportation? \_\_\_\_\_

Are you willing to provide transportation to others, if needed? \_\_\_\_\_ If yes, please provide

Driver's License # and State \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Liability insurance carrier and policy limits \_\_\_\_\_

Have you ever been convicted of a crime (including but not limited to substance abuse, child abuse, other crimes of violence, theft, or involving motor vehicles)? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please explain on the reverse side.

Have you ever been found to have neglected or abused a child or vulnerable adult by court finding or child/adult protective services finding? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please explain on the reverse side.

## Waiver and consent:

I, \_\_\_\_\_, hereby certify that the information I have provided on this ministry partner application is true and correct. I authorize this church to verify the information I have provided on this application by contacting the references and employers I have listed, by conducting a criminal records check, or by other means, including contacting others whom I have not listed. I authorize the references and employers listed in this application to give you whatever information they may have regarding my character and fitness for the position(s) for which I have applied. Furthermore, I waive any rights I may have to confidentiality and to pursue damages against Lansing United Methodist Church caused by references' responses.

In the event that my application is accepted and I become a ministry partner volunteer at Lansing United Methodist Church, I agree to abide by and be bound by the policies of the Lansing United Methodist Church and to refrain from inappropriate conduct in the performance of my duties on behalf of the Lansing United Methodist Church.

I have read this waiver, volunteer position description(s), and the entire application, and am fully aware of their contents. I sign this consent freely and under no duress or coercion.

Please provide at least three individuals who are not related to you by blood or marriage as references. Please list people who have known you for at least three years:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Length of time you have known reference: \_\_\_\_\_

Relationship to reference: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Length of time you have known reference: \_\_\_\_\_

Relationship to reference: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Length of time you have known reference: \_\_\_\_\_

Relationship to reference: \_\_\_\_\_