

VIII. APPENDIX A ALBANY UU APPLICATION FOR PROGRAMS FOR CHILDREN & YOUTH VOLUNTEERS

Thank you for your interest in working with the children/youth at Albany UU. Our congregation takes seriously our responsibility to promote the safety of minors in our community. Please complete this form and return it to the Director of Programs for Children & Youth. Thank you for your support in promoting a safe environment for the congregation's children and youth.

Name:

First: \_\_\_\_\_

Middle: \_\_\_\_\_

Last: \_\_\_\_\_

Have you ever used a different name (including name changes due to marital status)? No ( ) Yes ( )

If yes, please list with dates used: \_\_\_\_\_

If you have security concerns over sharing information about use of a different name, please mark this space \_\_\_ and someone on the Safe Congregation Response Team will contact you.

Length of time attending Albany UU:

Under 6 Months ( ) 6-12 Months ( ) 1-2 Years ( ) 2-5 Years ( ) 5-10 Years ( ) Over 10 Years ( )

Please list any other congregations you may have attended regularly during the past five years :

Your Current Contact Information:

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

Town, State, Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Number of years at current address: \_\_\_\_\_

If you have not lived at this address for at least five years, please list the other addresses you have lived at in the last five years here along with the years lived there.

History: Have you ever been convicted of or pled guilty to any criminal offense against a minor? No ( ) Yes ( )

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list two references, who are not relatives who have known you for at least three years, especially regarding your experience with children and youth:

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

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

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

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

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

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

Attestation: My signature below indicates that I attest to the following:

1. The above information is true and correct.
2. I authorize the congregation to contact references and other congregations to obtain information about my background. I authorize references to provide information about me. I hereby release and hold harmless from liability any person or organization that provides information. I also agree to release and hold harmless this congregation, its trustees, employees and volunteers.
3. I understand Albany UU will conduct national and state sex offender registry check for Level Two and Level Three offenses using the information I've provided herein.
4. I may be asked to provide additional information and that, while it is my right to decline to provide such information, failure to do so may render me ineligible to volunteer in Albany UU's Programs for Children & Youth.
5. I understand that this information will be held in confidence and will only be available to those responsible for screening staff or volunteers or participating on the Safe Congregation Response Team.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_