



Unitarian-Universalist Church of Nashua
58 Lowell Street
Nashua, NH 03064
(603)882-1091
www.uunashua.org

Screening Form For Volunteers Who Work With Children & Youth

CONFIDENTIAL

This form is to be completed by all applicants for any volunteer position involving the supervision of minors, excluding occasional volunteers as defined in the Safety Policy of The Unitarian-Universalist Church of Nashua (UUCN). The purpose of this form is to help UUCN provide a safe and secure environment for the children and youth that participate in programs sponsored by the congregation. Any information you provide here will be used solely for the purpose of determining your qualifications for working with minors.

Personal Data

Name: (please print) _____
First Middle Last

DOB: _____ Social Security Number: _____
(mm/dd/yyyy)

Have you ever used a different name? _____

If yes, please list name(s) with dates: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Email: _____

Number of years at current address: _____

If you have not lived at this address for at least 5 years, please list any previous addresses with dates.

In what states have you lived in since you were 18 years old? _____

Employer: _____ Work Phone: _____

Number of years at current employment: _____

Congregational History and Prior Work with Children/Youth

List congregations you have attended regularly during the past five years, starting with UUCN.

NAME OF CONGREGATION	CITY, STATE	DATE OF MEMBERSHIP/ATTENDANCE
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UUCN	Nashua, NH	
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List previous congregational and community work involving children/youth: (please include name of religious institution or organization and your role or duties, and person to whom you were responsible)

References (for youth volunteers/employees only)

May we call your current employer for a character reference? _____

If not, please tell us why: _____

List two personal references who you have known for 3 or more years (not former employers or relatives):

1) Name: _____ Phone: _____

Address: _____

Relationship to you: _____

2) Name: _____ Phone: _____

Address: _____

Relationship to you: _____

Background Information (for youth volunteers and employees only)

Have you ever been convicted of any criminal offense? _____

Have you ever been accused of any crimes against a person, including rape, incest, sexual exploitation of a minor, or sexual or physical assault of a minor? _____

Have you ever been convicted of or pleaded guilty to a criminal offense related to sexual misconduct or child abuse? _____

Has any civil judgment ever been made against you for reasons related to sexual misconduct or child abuse? _____

Have you ever resigned from employment or been disciplined or terminated by an employer for reasons related to sexual misconduct or child abuse? _____

If you answered yes to any of the above questions, please provide details (attach a separate piece of paper if necessary):

Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of children and youth?
_____ Yes _____ No If yes, please provide details:

Driving Information

Please provide the following:

1. Driver's License Number: _____ State: _____

Exp. Date of License: _____ Number of Years Driving: _____

Section 2: Vehicle Information: (list any owned vehicles that may be used by you for church transportation)

	Model/Year	License Plate #	# Working Seatbelts
Vehicle #1	_____	_____	_____
Vehicle #2	_____	_____	_____

Attach a copy of your policy's declarations page. If each car has a separate policy attach copies of each.

Insurance Company Policy # _____
Agent Phone# _____
Bodily Injury Liability Limit _____
Property Damage Liability Limit _____

Please attach a copy of your current Driver's License.

If you will be driving children and/or youth:

1. Please attach a copy of your certificate of insurance. We recommend personal injury liability insurance of \$100,000 minimum.

2. Have you ever been convicted of a moving violation or driving under the influence of alcohol or drugs?

YES NO (If yes, please state date and nature of conviction)_____

Please turn over for Applicant's Statement and Release.

Applicant's Statement and Release

I authorize the congregation to contact references and other religious institutions listed in this application to obtain information about my background regarding my character and fitness for work with children and youth.

I authorize references to provide such information (including opinions) about me. I hereby release and hold harmless from liability any person or organization that provides information. I also agree to hold harmless this congregation, its trustees, employees and volunteers.

Further, I understand that a person responsible for screening staff or volunteers will conduct a background check which may include the sex offender registry and/or contact with the local police. This may be waived by UUCN by my providing proof of having successfully passed a comparable background check within two years of the date below.

I understand that any information obtained about me through this application process will be kept in the strictest confidence and will be available only to those responsible for screening staff or volunteers or participating in a response team, or as required by law.

Should my application be accepted, I agree to be bound by the policies of UUCN regarding child care and youth workers. Any information obtained through this process may be used, at the sole discretion of UUCN, to deny this application.

I attest that the above information is true and correct.

Signature _____ Date _____

Parental/Guardian Permission for Minor Children

I have read and agree with the above Statement and Release. I hereby give my permission for _____ to volunteer at UUCN and agree to assume all risk and financial responsibility. I agree not to hold or attempt to hold UUCN, their population served, volunteers, or staff responsible for any injury or damage sustained or incurred by the Minor, arising out of or in any way connected with the Minor's activities as a volunteer for UUCN.

Signature _____ Date _____

Office Use Only	
Passed Background Check: Yes No Date: _____	References Checked: Yes No Date: _____
Status: OK to work w/Children & Youth	Not OK to work w/Children & Youth
OK to drive Children & Youth	Not OK to drive Children & Youth
Staff Signature: _____	Date: _____