



Application to work with children, youth and/or vulnerable adults

PLEASE USE INK, PRINT CLEARLY

DATE: _____

This information form is to be completed by each person who wants to become authorized to work with children, youth, and/or vulnerable adults. This is not an employment application. This form will be used to help the Michigan Conference the United Methodist Church, its Districts and agencies to provide a safe and secure environment for those children, youth and vulnerable adults who participate in events, programs or activities of the Michigan Conference, its Districts and Agencies.

If applicant is under the age of 18 at the time of application, parental or legal guardian permission is required by way of signature below.

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Personal Disclosure Information (Please circle the appropriate response throughout):

1. Have you ever been treated for mental health issues? (Yes or No)
2. Have you ever had an addiction to drugs, alcohol or pornography; or has anyone ever suggested that you may have a problem with any of the above? (Yes or No)
3. Do you abuse alcohol or use illegal drugs? (Yes or No)
4. Have you ever been convicted of the possession, use or sale of drugs? (Yes or No)
5. Have you ever been charged or convicted of child neglect, abuse or molestation or committed such an act? (Yes or No)
6. Have you ever been convicted or pled guilty to a crime? (Yes or No)
7. Have you ever been exposed to an incident of child abuse or neglect? (Yes or No)

If you answered YES to any of the above questions, please explain here or on a separate sheet.

To the best of my knowledge the information above is correct:

Parent / Guardian Name

Parent / Guardian Signature

Send completed form to:

The Michigan Conference Protection Policy Committee
1161 East Clark Road, Suite 212, DeWitt MI 48820