

## Participation Statement of Faith

Hilliard United Methodist Church asks everyone serving with children, youth and vulnerable adults to agree to the following statements. After reading each item, please initial each item to indicate your agreement.

- \_\_\_\_\_ 1. I accept and affirm Jesus Christ as my Savior and Lord.
- \_\_\_\_\_ 2. I agree to observe and abide by all Hilliard United Methodist Church policies.
- \_\_\_\_\_ 3. I affirm that there is nothing about my physical and mental condition that would present a risk to others when fulfilling my role as a volunteer.
- \_\_\_\_\_ 4. I understand the purpose and importance of my assigned position, and I agree that I will cooperate fully with my supervisor or Hilliard United Methodist Church staff member in carrying out my assigned responsibilities.
- \_\_\_\_\_ 5. I agree to strive to conduct myself in a manner consistent with Hilliard United Methodist Church's mission ("to grow authentic followers of Jesus Christ to share God's amazing love for the transformation of the world") at all times while performing the responsibilities of my position.
- \_\_\_\_\_ 6. I agree to promptly report abusive or inappropriate behavior that I suspect or have witnessed to a pastor and/or the Director of Children's Ministries and/or the Director of Youth Ministries.
- \_\_\_\_\_ 7. I have read and I understand Hilliard United Methodist Church's *Safe Sanctuaries Policy*, and I agree that I will cooperate fully with my supervisor and Hilliard United Methodist Church staff in carrying out this policy.

I have read this and am fully aware of its contents, and I willingly place my initials and signature on the lines provided, doing so freely and under no duress or coercion.

Signature \_\_\_\_\_

Print Full Name \_\_\_\_\_

Date Signed \_\_\_\_\_

Date that participant took Child Protection Policy class \_\_\_\_\_

I wish to serve the following (check all that apply):

\_\_\_\_ children

\_\_\_\_ youth

\_\_\_\_ vulnerable adults

Please list any relevant experience or qualifications for this position.

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I voluntarily disclose the following criminal history, including any criminal charges and/or convictions from my past:

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# Permission to Obtain a Background Check

*This form authorizes Hilliard United Methodist Church to obtain background information and must be completed by the applicant. The church must keep this completed form on file for at least two years after requesting a background check.*

I, the undersigned applicant, authorize Hilliard United Methodist Church to procure background information about me. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and the state sex offender records.

I understand that I am entitled to a complete copy of any background information report of which I am the subject, upon my request to Hilliard United Methodist Church, if such request is made within a reasonable time from the date it was produced.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Full Legal Name \_\_\_\_\_

\$10 background check fee paid (date paid \_\_\_\_\_)

**Please note that replacement badges can be obtained at the cost of \$5**

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## Identifying Information for Background Information Agency

*\*Please print legibly.*

Print Full Legal Name \_\_\_\_\_  
First Middle Last

Other Names Used (alias, maiden, married, nickname):

\_\_\_\_\_

Current Address \_\_\_\_\_  
Street / P. O. Box City State Zip Code

County Dates of Residence

Former Address \_\_\_\_\_  
Street / P. O. Box City State Zip Code

County Dates of Residence

Social Security Number \_\_\_\_\_

Daytime Telephone Number (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_ None

Driver's License Number \_\_\_\_\_ State of Issuance \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Gender (circle one) M F

Have you ever been convicted of a misdemeanor? Yes No

If yes, what was the misdemeanor?

Have you ever been convicted of a felony? Yes No

If yes, what was the felony?

Three references (not necessary for those renewing their training):

1. Name \_\_\_\_\_

Address \_\_\_\_\_  
Street /P. O. Box City State Zip Code

Phone (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_  
Street /P. O. Box City State Zip Code

Phone (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_  
Street /P. O. Box City State Zip Code

Phone (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

**RELEASE AND WAIVER OF LIABILITY**  
**for Hilliard UMC Unpaid Servants**  
PLEASE READ CAREFULLY

I, \_\_\_\_\_, the volunteer, hereby freely and voluntarily, without duress, execute this Release under the following terms:

**Waiver and Release:** I hereby release and forever discharge and hold harmless Hilliard United Methodist Church (hereafter "Hilliard UMC") and its successors and assigns from any and all liability claims, demands, and causes of action, of whatever kind or nature, either in law or equity, which may hereafter arise from my participation with Children's and/or Youth Ministries at Hilliard UMC.

I understand and acknowledge that this Release discharges Hilliard UMC from any liability or claim that I may have against Hilliard UMC with respect to any bodily or other injury, illness, death, or property damage that may result from my participation as an volunteer. I also understand that Hilliard UMC does not assume any responsibility or obligation to provide financial assistance, including but not limited to medical, health, or disability insurance, in the event of injury, illness, death, or property damage.

**Insurance:** I understand that except as otherwise agreed in writing, Hilliard UMC does not carry or maintain health, medical, disability, damage, liability, or other insurance coverage for the benefit of any volunteer and expressly disclaims the responsibility or obligation to so. As a volunteer, I am expected and encouraged by Hilliard UMC to maintain medical, health, and all other applicable insurance coverage for my own benefit.

**Medical Treatment:** I hereby release and forever discharge Hilliard UMC from any and all claims, demands, and causes of action whatsoever that may arise or may hereafter arise on account of any first aid or other medical treatment rendered in connection with unpaid servant activities.

**Assumption of Risk:** I understand that my participation with Hilliard UMC and/or any project, activity, or event sponsored, managed, arranged, or promoted by, or otherwise affiliated or associated with Hilliard UMC may include activities that may be hazardous to me. I further recognize and understand that such participation may involve certain inherently dangerous activities. I hereby expressly and specifically assume the risk of injury or harm in the activities and release Hilliard UMC from all liability for injury, illness, death, and/or property damage that may result.

(over, please...)

**Photographic Release:** I do hereby grant and convey unto Hilliard UMC all rights, titles, and interest in and to any and all photographic images and video or audio recording made by or on behalf of Hilliard UMC or made with its consent, during my participation with Hilliard UMC and/or any project, activity, or event sponsored, managed, arranged, or promoted by, or otherwise affiliated or associated with Hilliard UMC, including but not limited to any royalties, proceeds, or other benefits derived from such photographs or recordings.

**Other:** I expressly understand and agree that this Release is intended to be as broad and inclusive as permitted by law, and that this Release shall be governed and interpreted in accordance with the laws of the State of Ohio. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release.

This Release is entered into voluntarily and knowingly on this date:

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Signature

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Date

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Print Name

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**Parent Signature (if youth under the age of 18)**

I understand and agree that the information provided above is accurate and truthful.

Revised 4/2015