



## Safe Sanctuary Screening Form Florence United Methodist Church

This form is required by the United Methodist KY Conference for all staff and volunteers who have regular contact with children, youth and vulnerable adults.

**Full Legal Name:** First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **Apt /Unit #:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

*Experience/Qualifications for the position of children, youth, vulnerable adults volunteer:*

*Former Names (AKA Maiden Names, Married Names, Surnames, Etc.)*

*Voluntary Disclosure of Past Criminal History:*

*Waiver of Confidentiality: Your signature below gives FUMC permission to secure the necessary background checks and references.*

*Singature*

*Date:*

**Date of Birth:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Drivers License:** \_\_\_\_\_

*List 2 Non Relatives References:*

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

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

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

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

*\*These forms and background check results will remain securely locked and only accessible to the senior pastor and office manager.*