

## Mom's Morning Out Registration 2009-2010 School Year

Child	Name:			
	Birth date:		Sex: M _____ F _____	
	Allergies:			
	Other medical conditions or special needs:			
Mom	Name:			
	Home Address:		Email Address:	
	Phone #'s	(H)	(Cell)	(W)
Dad	Name:			
	Physical & Email Addresses:			
	Phone #'s	(H)	(Cell)	(W)
Local Emergency Contact	Name:			
	Relationship to Child:			
	Address:			
	Phone #'s	(H)	(Cell)	(W)

A non-refundable \$90 fee is due at the time of registration. This fee covers a back-ground check, classroom supplies and facility operating cost. Turn your registration fee and this completed form into the church's main office during regular business hours.

If you have any questions about this form or about any aspects of the Mom's Morning-Out Program, please contact our volunteer coordinators, Susan Brown at 832-515-5400 or Deb Ravanzo at 772-341-6143. The church staff contact is our director of children and family ministries, Donna Lewis. She can be reached at the church office 287-6262.

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The Following Questions are for the parent who will work in the classroom:

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

Will you be available to work (on a rotating basis) on the day of the week assigned to your child's age group:

3 year olds: Mondays, 9-noon. Yes or No \_\_\_\_\_

2 year olds: Wednesday s, 9-noon Yes or No \_\_\_\_\_

1 year olds: Thursdays, 9-noon. Yes or No \_\_\_\_\_

Do you foresee any problems completing the 9 month commitment of this program? Yes or No

Do You Have Your Own Transportation? Yes or No

Have you ever been charged with, convicted of, or plead guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, or other crimes of violence, theft or serious motor vehicle violations)? Yes or No

If "Yes" explain:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever had to deal with a child abuse situation in any way, including being abused, being accused of abuse, knowing someone who was abused, etc.? Yes or No

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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References: Please list three personal references (i.e., people who are not related to you by blood or marriage) and provide a complete address and phone number for each.

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

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

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

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

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

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

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

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

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Do we have your permission to contact these references as well as anyone else in order to obtain information about you for the purpose of considering you for a position of one who would work with children and / or youth?     Yes     No

Do we have your permission to share this information with those persons who will participate in acting on this Application?     Yes     No

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

\_\_\_\_\_  
Signature of Applicant

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## PARTICIPATION COVENANT STATEMENT

The congregation of First United Methodist Church of Stuart, FL is committed to providing a safe and secure environment for all children, youth, and volunteers who participate in ministries and activities sponsored by the church. The following policy statement reflect our congregation's commitment to preserving this church as a holy place of safety and protection for all who would enter and as a place in which all people can experience the love of god through relationships with others.

- No adult who has been convicted of child abuse (either sexual abuse, physical abuse, or emotional abuse) should work with children or youth in any church-sponsored activity.
- All adults involved with children and youth of our church shall observe the Child Protection Policy at all times.
- All adults in a position of regular responsibility with children and youth of our church shall attend regular training and educational events provided by the church to keep volunteers informed of church policies and laws regarding child abuse.
- All adults involved with children and youth of our church shall immediately report to their supervisor any behavior that seems abusive or inappropriate.

Please answer each of the following questions:

1. Do you agree to observe and abide by all church policies regarding working in ministries with children and youth?       Yes     No

I have reviewed the Child/Youth Protection Policy and Training Guidelines and read this Participation Covenant. Any questions have been clarified and I agree to observe and abide by the policies set forth above.

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Signature of Applicant

Date

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## Background Check Authorization

Print Name: \_\_\_\_\_  
(First) (Middle) (Last)

Former Name(s) and Dates Used: \_\_\_\_\_

Current Address Since: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Drivers License Number/State: \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge. I hereby authorize **First United Methodist Church of Stuart** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **First United Methodist Church of Stuart** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release **First United Methodist Church of Stuart** the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

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