



Volunteer Statements and Agreed Code of Conduct

Please initial each of the following statements:

- _____ I declare that all statements contained in my Safety Application Form are true. I understand that any misrepresentation or omission is cause for dismissal from any ministry involvement.
- _____ I understand that **my references and contacts** from prior church or non-church work with children, student, or disabled adults will be contacted and that an appropriate **criminal background check** will be conducted. I authorize investigations of all statements contained in this application. I specifically authorize the church to undertake a criminal background check of my past.
- _____ I understand that I must be interviewed and recommended by a member of the Cousts Memorial United Methodist Church Screening and Selection Committee before I begin service as a volunteer in Cousts Memorial United Methodist Church ministries.
- _____ I understand that I can withdraw from the application process at any time.
- _____ I understand that Cousts Memorial United Methodist Church has a policy of ZERO TOLERANCE FOR ABUSE and takes all allegations of abuse seriously. I further understand that Cousts Memorial United Methodist Church cooperates fully with the authorities to investigate all cases of alleged abuse. Abuse of any kind is grounds for immediate dismissal from my volunteer position and possible criminal charges.
- _____ I declare that I am not a pedophile or child molester. I have not perpetrated physical abuse, sexual abuse, emotional abuse or neglect against a child, student or disabled adult, and I have never been accused of these acts.
- _____ I understand and agree that false statements regarding past conduct and/or present situations may be grounds for denial of this application to provide volunteer services, and that refusal to inform Cousts Memorial United Methodist Church of the contents of a sealed criminal record will result in the automatic denial of the application.
- _____ If accepted as a volunteer, I agree to read and abide by all Policies and Procedures provided to me by Cousts Memorial United Methodist Church.

Signature: _____ Date: _____

For Office Use Only

I have reviewed this application and have noted any missing information.

Screening Committee Member Signature: _____ Date: _____