

# Ohio Conference UCC Volunteer Application and Disclosure Form

Information disclosed in this application and the results of background and reference checks will be held using the strictest level of confidentiality and retained in your permanent file. This form must be submitted **no less than one month** in advance of the program or event at which you want to serve as a leader. If you do submit this form late, I understand that I may not be able to serve as a Leader for that event because I have not given the Ohio Conference UCC enough time to complete required background and reference checks.

Name

\_\_\_\_\_  
(First, Middle, Last)

Current Address

\_\_\_\_\_  
(Street, City, State, Zip)

Camp/Event/Program in which you are applying be a leader \_\_\_\_\_

Please list ALL the addresses at which you have resided for the past 10 years including street, city, state and zip code: (Please attach additional sheets, if necessary)

Primary Phone \_\_\_\_\_ [Home, Work, Mobile, Other (circle one)]

Secondary Phone \_\_\_\_\_ [Home, Work, Mobile, Other (circle one)]

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

Current Church \_\_\_\_\_ Church City \_\_\_\_\_

Month(s) or Year(s) you have been a member/participant \_\_\_\_\_

Will you be driving minors or vulnerable adults as part of your Leader responsibilities? ( ) Yes ( ) No

If yes, please fill out the **Ohio Conference UCC Driver Qualification Form**.

**Experience** (attach additional sheets or a résumé, if necessary)

Please list your previous experience in working with young people and/or vulnerable adults:

Please list your previous experience with Ohio Conference UCC programs or events:

**References**

Name \_\_\_\_\_

Camp/Event/Program in which you are applying be a leader \_\_\_\_\_

The Ohio Conference UCC Safe Conduct Policy requires that you provide the names and contact information for three persons who can provide insight into your ability to work with young people and/or vulnerable adults. One reference can be related to you. References must not be related each other. References must not be another Leader of your Ohio Conference event or program. One must be a pastor or leader from your current local church. Attach additional page(s) as necessary. An Ohio Conference UCC representative will call and/or email each reference to interview him/her.

*Reference 1 – Church Pastor or Leader*

Name \_\_\_\_\_  
(First, Last)

Relationship to You \_\_\_\_\_

Year(s)/Months(s) Known \_\_\_\_\_

Phone \_\_\_\_\_ [Home, Work, Mobile, Other (circle one)]

Email \_\_\_\_\_

*Reference 2*

Name \_\_\_\_\_  
(First, Last)

Relationship to You \_\_\_\_\_

Year(s)/Months(s) Known \_\_\_\_\_

Phone \_\_\_\_\_ [Home, Work, Mobile, Other (circle one)]

Email \_\_\_\_\_

*Reference 3*

Name \_\_\_\_\_  
(First, Last)

Relationship to You \_\_\_\_\_

Year(s)/Months(s) Known \_\_\_\_\_

Phone \_\_\_\_\_ [Home, Work, Mobile, Other (circle one)]

Email \_\_\_\_\_

## **Leader Background Disclosure**

Have you ever been convicted of or an adjudicated delinquent of any crime relating in any manner to children or conduct with children, including child pornography?:

(  ) Yes (  ) No

If yes, please explain:

Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children?:

(  ) Yes (  ) No

If yes, please explain:

## **Applicant Acknowledgement and Signature Page**

The covenants between persons seeking Leader positions in the Conference require honesty, integrity, and truthfulness for the health of the Conference. To that end, I attest that the information set forth in this application is true and complete. I understand that any misrepresentation or omission may be grounds for rejection of consideration for, or termination of, the position I am seeking to fill. I acknowledge that it is my duty in a timely fashion to amend the responses and information I have provided if I come to know that the response or information was incorrect when given or, though accurate when given, the response or information is no longer accurate.

Beginning such relationships with an open exchange of relevant information builds the foundation for a continuing and healthy covenant between volunteers and the Conference they seek to serve. To that end, I authorize the Ohio Conference UCC and/or its agents to make inquiries regarding my character and qualifications, including all statements I have set forth above. I also authorize all entities, persons, former employers, supervisors, courts, law enforcement, and other public agencies to respond to inquiries concerning me, to supply verification of the statements I have made, and to comment on and state opinions regarding my background, character, and qualifications. To encourage such persons and entities to speak openly and responsibly, I hereby release them from all liability arising from their responses, comments, and statements.

The Ohio Conference authorized volunteer recruitment process involves the sharing of information regarding applicants with those persons in a position to recruit, secure, and supervise both the position I am seeking to fill and program I am seeking to participate in. To that end, I authorize the Ohio Conference UCC and its agents to circulate, distribute, and otherwise share information gathered in connection with this application to such persons for these purposes. I understand that the Ohio Conference UCC will share with me information it has gathered about me, if I request it to do so.

If I am offered and accept employment or volunteer service with the Conference, I agree to comply with its published policies and rules, including those related to harassment of employees, reporting known or suspected child neglect or abuse and similar requirements. If requested to do so, I will cooperate with any Conference investigation of a possible violation of Conference policies and rules by providing complete and truthful information in an oral and/or written statement.

I understand that this information proved is subject to verification, which may include a criminal history check and request from any Central Registry of child abusers. I also understand that depending on the situation, I may need to participate in the programs with supervision, or may be asked to terminate my participation in the program and leave the site at my own expense.

Print name \_\_\_\_\_

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

Print name of Parent/Guardian (if applicant is under age 18) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return signed form to:  
Ohio Conference UCC Attn: Pam Brown  
6161 Busch Blvd. Ste. 100  
Columbus, OH 43229  
Email: [ohioucc@ocucc.org](mailto:ohioucc@ocucc.org) Fax: 614-885-8824

For Office Use Only:  
Date Received \_\_\_\_\_