

Primary Screening Form for Children and Youth Workers
Trinity United Methodist Church * 903 Forest Avenue, * Richmond, Virginia 23229

Before turning in your forms, please check to indicate that you have:

- Attached a clear copy of your driver's license
- Completely filled in all required fields
- Signed both forms (Primary Screening Form and FCRA form)
- Completed the online Child Protection Training session, available at www.trinityUMC.net
(found on the home page under *Child Protection*)

Full Name (including maiden name): _____

Present Address: _____

City: _____ **State** _____ **Zip** _____

Home phone: _____ **Work phone** _____

Email address: _____

Date first active at Trinity Methodist Church: _____

Name(s) of churches you have attended regularly during past 5 years: _____

Have you worked with youth before? _____ (if yes, please list all previous church and non-church experience, including names, dates and addresses on back of this form)

What activities will you be involved in? _____
(e.g. Upward Basketball, Sunday School, Staff, Scouts, general, etc.)

Current Driver's License Number _____
(you must attach a clear copy of your license in order for this form to be processed**)**

Have you ever been convicted or pleaded guilty to or no contest to a crime? _____
(if yes, explain) _____

References (no close relatives, please):

Name _____ Relationship _____ Telephone _____

Name _____ Relationship _____ Telephone _____

I have read and understand the foregoing Child Protection Policy and agree to abide by it. I have no convictions for Child abuse or expungements of such convictions. I authorize any person or church listed above to give you any information (including opinions) that they may have regarding my character and fitness to work with children or youth and I hereby release any such person or church from any and all liability for damages of whatever kind that may result as a result of any compliance or attempt to comply with this authorization. In addition, I give permission to Trinity UMC or its agents to conduct Criminal Records Background Checks, Social Security checks and reference checks.

(signature)

(date)

FOR OFFICE USE ONLY:

___ Driver's License

___ Child Protection Training

___ Active 6 months

___ Reference #1

___ APPROVED

___ Background check

___ Reference #2