

**FMHPC
Volunteer Covenant**

Name _____

Address _____

Phone (H) _____ (W) _____ (C) _____

Employer _____

The staff of First-Meridian Heights Presbyterian Church would like to know you better as you prepare to become involved in the service of the congregation. We ask the following questions as a starting point and look forward to speaking with you in person. This application is strictly confidential and will only be shared with the Ministerial program staff and the member of session responsible for youth programs.

We believe that each person has special and unique gifts to be used to serve God. Please tell us about your gifts, particularly as they may be used with youth:

In order to care for and provide a safe place for the youth we serve, FMHPC completes a background check on all our volunteers and paid staff. We ask that you consent to this check. Is there anything you wish to discuss or disclose with regard to anything that may appear on your background check? (Such as illegal drug use, child abuse or neglect, any felony charges)

Are you willing to attend the annual Child Protection training session? Yes _____

No _____

By signing and submitting this application to First-Meridian Heights Presbyterian Church, I acknowledge that the safety of the youth is of primary importance; and I agree and consent to a background check to be conducted by the Indiana State Police and/or other law enforcement agencies and agree to abide by the Child Protection Policy of First-Meridian Heights Presbyterian Church. I also understand that this application and the information I have provided to FMHPC will be relied upon by FMHPC, its staff, leaders and members, and I affirm that the statements and information in this application are true and correct.

Signed _____

Date _____

**First Meridian Heights Presbyterian Church
Authorization for Background Check**

I, _____ (print complete name), hereby authorize First-Meridian Heights Presbyterian Church (FMHPC) and/or its agents to make an independent investigation of my background, criminal or police records, including those maintained by both public and private organizations and all public records, for the purpose of confirming the information contained in my Volunteer Covenant and/or obtaining other information which may be material to my qualifications for employment or work as a volunteer with FMHPC.

I hereby authorize, without reservation, any law enforcement agency, court, institution, information service bureau, contacted by the Church and/or its agent to furnish the information described above.

Signature

Print Full Name
Date

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purpose.

Print full name

Maiden name and/or other names used

Home Address

City

State

Zip Code

Social Security Number

Date of Birth

Driver's License Number

Issuing State

Name as it appears on License