



BARRINGTON CONGREGATIONAL CHURCH  
United Church of Christ

461 County Road, Barrington RI 02806  
Phone (401) 246-0111

The Rev. Dr. Dale Azevedo  
Senior Minister

Email office@bccucc.org

The Rev. Racquel Ray  
Associate Minister

## Volunteer/Employment Application Form

This application is to be completed by all applicants for any position (volunteer or compensated) involving the supervision or custody of minors. It is being used to assist this church in providing a safe and secure environment for those children and youth who participate in our programs and use our facilities. Thank you.

### PERSONAL

Today's date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_  
Street  
City State Zip

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Please indicate the type of youth or children's work you prefer or have special gifts for:

\_\_\_\_\_

Please indicate when you would be available to begin: \_\_\_\_\_

How long have you been attending BCCUCC? \_\_\_\_\_

### CHURCH HISTORY AND PRIOR WORK WITH CHILDREN/YOUTH

Are you a member of a church? Yes\_\_\_ No\_\_\_ If yes, what church? \_\_\_\_\_

List name and address of other churches you have attended regularly during the past five years:

\_\_\_\_\_  
Name Address

\_\_\_\_\_  
Name Address

List all previous church work involving youth/children (list each church's name, type of work performed, and dates).

List all previous non-church work involving youth/children (list each organization's name, type of work performed, and dates).

List any gifts, callings, trainings\*, education, or other factors, that have prepared you for youth/children's work:

\*Have you ever attended a Safe Church or Boundary Training related workshop?

Yes \_\_\_\_\_ When? \_\_\_\_\_ No \_\_\_\_\_

Where & with what organization? \_\_\_\_\_

Do you have a current driver's license?.....Yes\_\_\_\_ No\_\_\_\_

*(Please attach a photocopy of your current driver's license to p. 4)*

Have you ever been convicted of or pleaded guilty to a crime of physical, sexual, or emotional abuse, or a crime of violence?.....Yes\_\_\_\_ No\_\_\_\_

*(Information provided will be kept strictly confidential and shared only among ordained ministerial staff, Faith Formation Director, and Church Moderator if necessary.)*

## PERSONAL REFERENCES

*(cannot be former employees or relatives)*

As part of either the initial and/or secondary screening process, please let us know who we may contact to serve as your personal references.

1. Name: \_\_\_\_\_

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

Phone: (\_\_\_\_)\_\_\_\_\_ Email: \_\_\_\_\_

2. Name: \_\_\_\_\_

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

Phone: (\_\_\_\_)\_\_\_\_\_ Email: \_\_\_\_\_

## APPLICANT'S STATEMENT

The information contained in this application is correct to the best of my knowledge. I authorize the Barrington Congregational Church, UCC to contact any references or churches listed in this application to obtain information (including opinions) that they may have regarding my character and fitness for work with children and youth.

Should my application be accepted, I agree to be bound by the Bylaws and Policies of Barrington Congregational Church, UCC, to refrain from unethical and immoral conduct in the performance of my services on behalf of the church, and to the following covenant which governs children and youth work at Barrington Congregational Church, UCC.

- To honor the integrity and worth of each child and adult as a child of God.
- To provide a nurturing and safe environment for children and youth to grow spiritually and socially.
- To continue to grow and nurture my own personal faith and relationship with God.
- To work collaboratively with the professional staff, volunteers, and congregation as a part of the larger Christian community.

I state that I have read the foregoing release and know the contents thereof and I sign this release as my own free act. I understand that this is a legally binding agreement.

I further understand that if any of the information on this form is false, I will be removed upon such discovery from work with children and youth at Barrington Congregational Church, UCC.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## CRIMINAL BACKGROUND SEARCH AUTHORIZATION & RELEASE FORM

*Please print as neatly as possible. Illegible forms will be returned.*

TODAY'S DATE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

NAME: \_\_\_\_\_  
First Middle Last

OTHER NAMES USED: \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
Street

City State Zip

LIST EVERY CITY & STATE WHERE YOU LIVED IN THE PAST 10 YEARS: \_\_\_\_\_

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

DAYTIME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

VOLUNTEER POSITION / JOB AT THE CHURCH: \_\_\_\_\_

***\*\*A copy of current driver's license must be attached and form must be notarized\*\****

I authorize the Barrington Congregational Church, U.C.C. to perform a criminal background and driving record search on me. I do hereby release and agree to hold harmless the Barrington Congregational Church, U.C.C. and its agents, employees, volunteers and officers from direct liability in utilizing this information for the purposes of evaluating me for employment or volunteer service for the Barrington Congregational Church, U.C.C.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Date

9/9/21