



# FIRST UNITED METHODIST CHURCH

*"Living Christ's Presence through Love and Service"*

321 Oak Street • DeKalb, IL 60115

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## Homework Help Volunteer Form 2015-16

Study Club—Grades 6-8 2:45-4:00 p.m.

Homework Club—Grades 1-5 4:15-5:30 p.m.

Meets Wednesdays, Sept. 16- May 18

### PLEASE RETURN TO CHURCH OFFICE UPON COMPLETION.

NAME: <i>(First, Middle, Last)</i>		PHONE NUMBER:	EMAIL:	
STREET ADDRESS:		CITY:	STATE:	ZIP CODE:
GRADES I WOULD BE MOST COMFORTABLE WORKING WITH:				
<input type="checkbox"/> 1-2		<input type="checkbox"/> 3-5		<input type="checkbox"/> 6-8
LEARNING AREAS I FEEL COMFORTABLE HELPING CHILDREN WITH:				
<input type="checkbox"/> READING	<input type="checkbox"/> MATH	<input type="checkbox"/> SCIENCE ACTIVITIES	<input type="checkbox"/> PHYSICAL ACTIVITY TIME	<input type="checkbox"/> COMPUTER-BASED LEARNING
BRIEFLY LIST/DESCRIBE ANY PREVIOUS EXPERIENCE WITH CHILDREN AND LEARNING (WORK, FAMILY, COMMUNITY)				
BEST TIMES TO REACH ME:				
<p>I understand that I must complete and submit a Permission to Obtain a Background Check form to the church office at least 3 weeks prior to beginning work with children. This information is seen only by the Church Administrator and the agency that completes the background check, and by the Senior Pastor on an as needed basis. This information is kept on file for up to 3 years. A list of "approved" volunteers is kept so that additional checks are not required of those desiring to work with children and youth during that period. I will also be expected to attend an orientation session that reviews the expectations of volunteers, tips for working with children, and the church's Safe Sanctuary policy. I also understand that this is a commitment to be present at tutoring sessions, as scheduled, and will inform the coordinator of any unexpected absences at least a day in advance.</p>				
SIGNATURE:			DATE:	
<b>SECTION BELOW TO BE COMPLETED BY COMMUNITY VOLUNTEERS UNAFFILIATED WITH FIRST UNITED METHODIST CHURCH OF DEKALB.</b> <b>The purpose of this information is to help us provide a safe, secure environment for all children/youth participating in our program.</b>				
PERSONAL REFERENCES:		RELATIONSHIP (employer, teacher, pastor, etc.)		
NAME				
PHONE		HOW LONG HAVE YOU KNOWN THIS PERSON?		
NAME		RELATIONSHIP (employer, teacher, pastor, etc.)		
PHONE		HOW LONG HAVE YOU KNOWN THIS PERSON?		
<p>I hereby state that the information provided in this application is correct and truthful to the best of my knowledge. I authorize a representative of the church to contact the references listed in this application in order to obtain information about me that is relevant to the responsibilities of working with children and youth and my fitness and character to execute those responsibilities.</p> <p>I release all such references from liability should the information they provide negatively reflect on my fitness or character to serve in youth work. I waive any right I might have to inspect information about me provided by these references and any right to inspect comments on this form.</p>				
SIGNATURE:			DATE:	