

Southwest District Unitarian Universalist Association

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Dear prospective volunteer,

Thank you so much for giving of your time and effort to support the Southwestern Unitarian Universalist Conference. You are very much appreciated. As part of the process to officially volunteer, we ask you to please fill out the attached application form along with, if you are 16 or older, the permission to perform a background check.

For your information, if you are 16 or older, we perform background checks through the North Texas Volunteer Center. They use VeriFYI (www.verifyi.com) to conduct these checks. VeriFYI is a comprehensive background check program that encompasses a variety of ways to obtain criminal history. Despite the detailed paragraph on the form (which we may not alter due to the Fair Credit Reporting Act), the only information we will be obtaining or verifying is listed below. We will never check for credit history, military, professional license, or education. This search will NOT access or disclose ANY financial history. We only want to verify that the social security and date of birth match you as a volunteer for the SWUUC.

VeriFYI's standard search, what they call their National Search and Social Security, is a multi-state search that includes:

- **State records.** Most state records show offenses and convictions committed in certain states. Information is taken from Department of Corrections records, Sexual Offense records, Department of Public Safety records, Bureau of Investigations records or Administrator of the Courts records where applicable. To see what information each state provides, go to www.verifyi.com.
- **Texas State records.** *Available only in Texas.* This typically includes all prior arrests and convictions, including adjudicated records and juvenile offenses committed in Texas. Information is reported by the Texas Department of Public Safety (DPS).
- **Social Security trace.** To verify identity and ensure that the person being checked is, in fact, who they say they are. This trace includes out-of-state residence information as well.
- **Multi-State database search of criminal and sex offender records.** This will scan databases from around the country to find any record of arrest, conviction or sexual offense perpetrated.

The Fair Credit Reporting Act states that any access to credit history must be disclosed to the applicant. The background check program verifies the Name, SS# and DOB with the Credit Bureau Equifax, therefore the Fair Credit Reporting Act rules apply. Again, this search will NOT access or disclose ANY financial history.

These reports will go to the District Office and will be seen only by qualified staff. If something comes up on your report, you will be notified and allowed to see the report yourself. All records must, by law, be destroyed within 30 days. There is an appeal process in place if you believe the report to be incorrect.

Automatic disqualification will occur if the following offences are discovered:

Murder

Abduction of children

Sexual assault

Aggravated assault

Crimes against children

Indecency with a child

Abuse and neglect of a child

Abandoning or endangering a child

Injury to a child, elderly individual, or disabled individual

Possession of or trafficking in child pornography

Or, any equivalent offense within this state or any other.

If you have questions or concerns, please feel free to call the district office at 817-446-0099.

Thanks again for your commitment to Unitarian Universalism in the southwest.

Peace,

Jennifer Nichols

District Director of Lifespan Faith Development

SWUUC Application to Work with Children or Youth

I am applying to work at:

- Primary Camp Junior Camp Senior Camp SWUUSI

Position I am applying for (i.e. director, counselor, worship leader, etc.): _____

Last Name First Name e-mail address Gender DOB

Address City State Zip Code Cell Phone Phone Number

Church Name Address City/State/Zip Code Phone Number

Employer Address City/State/Zip Code Phone Number

Please provide information regarding Driver's License & Insurance if you are 24 years old or older:

Do you have a current valid driver's license? Yes No License # State Expiration Date

Please complete this section concerning automobile liability insurance. We recommend automobile personal injury liability insurance of \$100,000 minimum.

Policy Holder Name Insurance Company Policy # Expiration Date
Are you named as an insured driver on this policy? Yes No If not, explain below:

Congregations attended regularly within the past five (5) years:

Congregation City, State Years attended

Congregation City, State Years attended

Congregation City, State Years attended

Experience you feel qualifies you to work with children or youth in SWUUC, i.e. teaching, advising, trainings, etc.:

- SWUUC Camps # of years _____ Position(s) _____
- Youth Ministry # of years _____ Position(s) _____
- SWUUSI # of years _____ Position(s) _____
- Work # of years _____ Position/Type of work _____
- Other # of years _____ Position(s) _____
- Basic Youth Advisor Training Chaplain Training Advanced Youth Advisor Training
- Leadership Development Conference Youth Ministry Renaissance Module District Leadership School
- Spirituality Development Conference CPR/First Aid Training

List any special training, education, skills, abilities and talents: _____

List any further leadership experiences at congregational/district/UUA levels: _____

References (no relatives, please). Please include a reference from your congregation (i.e. minister, religious educator, youth director, or congregation president).

1 _____
Name/Church leadership position Phone Number # of years known Work
 Church
 Personal

Address City State Zip Code e-mail address

2 _____
Name Phone Number # of years known Work
 Church
 Personal

Address City State Zip Code e-mail address

3 _____
Name Phone Number # of years known Work
 Church
 Personal

Address City State Zip Code e-mail address

Have you ever been convicted of or pleaded guilty to a criminal offense related to sexual misconduct or child abuse?
 Yes No

Has any civil judgment ever been made against you for reasons related to sexual misconduct or child abuse?
 Yes No

Have you ever resigned from employment or been disciplined or terminated by an employer for reasons related to sexual misconduct or child abuse?
 Yes No

Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of children or youth?
 Yes No

Have you ever been convicted of Driving-Under-the-Influence or Reckless driving?
 Yes No

Have you ever been diagnosed or are currently receiving treatment for any condition (medical/psychological) that might preclude you from involvement in working with children or youth?
 Yes No

If you answered yes to any of the above, please explain (attach a separate sheet). A yes does not necessarily exclude you for consideration.

Applicant's Statement

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

Should my application be accepted, I agree to be bound by the policies of the Southwest Unitarian Universalist Conference regarding childcare and youth workers.

I further state that I have carefully read the foregoing release and know the contents thereof and I sign this release as my own free act.

This is a legally binding agreement which I have read and understand.

Applicant's signature and title as appropriate for credentials listed on this form Date

Witness Signature Date

Please complete the Verify Information on the next page if you are 16 years old or older



Background Verification Release Form

AGENCY INFORMATION

Date 5/23/06	Agency Name Southwestern Unitarian Universalist Conference
Contact Name Connie Nolen or Jennifer Nichols	
Agency's Main Phone Number 817-446-0099	Agency's Fax Number 817-446-1505

APPLICANT INFORMATION:

Applicant Full Name (Last, First, MI)		Maiden or Other Name(s) Used	
Current Address			
City	State	Zip Code	County
Social Security Number	Date of Birth	Driver's License Number	State Issued
Position Applied For			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race	<input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Anglo <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other

I hereby authorize VERIFYI and or its Service Provider to request and receive any and all background information about or concerning me, including but not limited to my Criminal History, Social Security Number Trace including a consumer report under the Fair Credit Reporting Act, 15 U.S.C 1681, Driving Record, Employment History, Military Background, Civil Listings, Educational Background, Professional License from any Individual, Corporation, Partnership, Law Enforcement Agency, and other entities including my Present and Past Employers.

The criminal history, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct as committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by client/agency and a procedure is available for clarification, if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.

I further release and discharge VERIFYI and their Service Provider and all of their Subsidiaries, Affiliates, Officers, Employees, Contract Personnel, or Associates, from any and all claims and liability arising out of any request for information or records pursuant to this authorization, procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.

I understand that I have the right to make written request within a reasonable period of time to VeriFYI for additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided the above information for employment/volunteer purposes, and I have carefully read and understand this authorization.

Applicant's Signature

Date

Applicant's Printed Name

Parent/Guardian's Signature
(if under 18 years of age)

All youth applicants must complete the following:

I understand that if I am selected, I must send the communication form to the district office within two weeks of accepting my position or forfeit my position.

Youth signature

I give permission for Jennifer Nichols, Donna Harrison, and Mark Anderson to communicate with my child during the selection process for camp staff. I understand that if my child is selected, we must send the district communication form to the district office within 2 weeks of notification.

Parent signature

Thank you for applying to be a co-dean for the 2011 SWUUC Senior Youth camp!