



**BARRINGTON CONGREGATIONAL CHURCH  
United Church of Christ**

461 County Road, Barrington RI 02806  
Phone (401) 246-0111 Fax (401) 246-7825 Email [office@bccucc.org](mailto:office@bccucc.org)  
The Rev. Dr. Jeffrey W. Larsen Senior Minister The Rev. Elizabeth D. Barnum 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. Information provided will be kept strictly confidential and shared only among ordained ministerial staff.

**PERSONAL**

Date: \_\_\_\_\_

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

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

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

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

Personal References (Not former employees or relatives):

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

**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

**REQUEST FOR CRIMINAL RECORDS CHECK AND AUTHORIZATION**

I give my permission for the Barrington Congregational Church, UCC to request, obtain, and review a criminal record background check on me. I understand that results will be shared with ordained ministerial staff *only*.

\_\_\_\_\_  
Signature (Parent or Guardian if applicant is under 18 years of age.)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Print Maiden Name if applicable

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Print all Aliases

\_\_\_\_\_  
Place of Birth

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Notary Public