

Volunteers and Employees

Worker Renewal Application

Name: _____ Phone: _____

Address: _____ Email: _____

Age range: ☐ 18 or younger ☐ 19–25 ☐ 26 or older

Which area(s) of this ministry are you currently involved? _____

What other areas of this ministry, if any, do you plan to become involved? _____

Have you at any time ever been arrested for any reason? ☐ Yes ☐ No

Have you been convicted of, or pleaded guilty or no contest to, any crime? ☐ Yes ☐ No

(To the extent that a crime does not pose a threat to minors, you might not be able to ask this question in your state. Check with your attorney.)

Participated in, or been accused, convicted, or pleaded guilty or no contest to abuse or any sexual misconduct? ☐ Yes ☐ No

Because of the accusation aspect of this question, you might not be able to ask this question in your state. Check with your attorney.)

Are you aware of having any traits or tendencies that could pose any threat to children, youth, or others? ☐ Yes ☐ No

Are you aware of any reason why you should not work with children, youth, or others? ☐ Yes ☐ No

If the answer to any of these questions is “yes,” please explain in detail: _____

Worker Renewal Work Verification and Release: Volunteers and Employees

I recognize that (name of organization) is relying on the accuracy of the information I provide on the Worker Renewal Application form. Accordingly, I attest and affirm that the information I have provided is absolutely true and correct.

I voluntarily release the organization and any such person or entity listed on the Worker Renewal Application form from liability involving the communication of information relating to my background or qualifications. I further authorize the organization to conduct a criminal background investigation if such a check is deemed necessary.

I agree to abide by all policies and procedures of the organization, and to protect the health and safety of the children or youth assigned to my care or supervision at all times.

Printed name: _____

Signature: _____ Date: _____

This is a sample document only. Your organization is responsible for compliance with all applicable laws. Accordingly, this form should not be used or adopted by your organization without first being reviewed and approved by a licensed attorney in your area. Brotherhood Mutual Insurance Company assumes no liability in the preparation and distribution of this sample form.