

# Certification Application

DATE: \_\_\_\_\_

To work with children, youth and/or vulnerable persons

This information form is to be completed by each person who wants to become certified to work with children, youth, and/or vulnerable persons. This is not an employment application. This form will be used to help the Detroit Annual Conference United Methodist Church, its Districts and agencies to provide a safe and secure environment for those children, youth and vulnerable persons who participate in events, programs or activities of the Detroit Conference, its Districts and Agencies. **PLEASE USE INK, PRINT CLEARLY**

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email \_\_\_\_\_

Personal Disclosure Information (Please circle the appropriate response throughout):

1. Have you ever been treated for a psychiatric disorder? (Yes or No)
2. Have you ever had an addiction to drugs, alcohol or pornography; or has anyone ever suggested that you may have a problem with any of the above? (Yes or No)
3. Do you abuse alcohol or use illegal drugs? (Yes or No)
4. Have you ever been convicted of the possession, use or sale of drugs? (Yes or No)
5. Have you ever been charged or convicted of child neglect, abuse or molestation or committed such an act? (Yes or No)
6. Have you ever been convicted or pled guilty to a crime? (Yes or No)
7. Is there any reason you should not be entrusted with the supervision, guidance and care of children, youth and vulnerable persons or is there any fact in your background that could compromise the integrity of the Church? (Yes or No)
8. Have you ever been exposed to an incident of child abuse or neglect? (Yes or No)
9. If you answered yes to any of the above questions, please explain here or on a separate sheet. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**This section will be shredded after processing of application.**

Social Security #: \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

**Please send this application to: The Protection Policy Committee, Detroit Annual Conference, 1309 N. Ballenger Hwy, Suite 1; Flint, MI 48504. Thank you.**