

Memo of Understanding for Work with Infant, Children Youth and Handicapped

For Non-Members-Confidential
First Mennonite Church Beatrice, NE

All persons involved in the supervision or custody of minors at FMC Beatrice must complete this form to help the church provide an environment as safe as possible for those children and youth who participate in our programs and use our facilities.

Name _____ Date _____

Present Address _____

Phone (home and cell) _____

Name of church of which you are a current member _____

Church Address _____

Church phone number _____

Name of Pastor _____

Work Experience

Have you had any experience working with children, either in a volunteer capacity or paid position? Yes _____ No _____

If so, list the organizations--or other settings-- in which you have worked with children.

Name of Organization _____

Address _____ Phone _____

Supervisor's name _____

Name of Organization _____

Address _____ Phone _____

Supervisor's name _____

References (other than relatives)

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone _____

Background Information

This form will be kept in a confidential file and the following information will no be shared more broadly without consultation with you.

Have you ever been arraigned of or convicted of a crime other than minor traffic offenses?

Yes_____ No_____ If yes explain:

Have you ever been arraigned of or convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor?

Yes_____ No _____ If yes explain:

Is there anything from your past that would limit your work with children and youth?

Yes_____ No_____ If yes explain:

Statement of Commitment

I commit myself to respect and treat well the children/youth at First Mennonite Church and to refrain from unscriptural or unlawful conduct in the performances of my services on behalf of the church. The information contained in the Memo of Understanding is the correct to the best of my knowledge. I authorize any references from organizations or churches listed to give FMC information that they may have regarding my character and fitness for children/youth work. I release all such references from any liability for furnishing such evaluations to FMC, provided they do so in good faith and without malice. I waive any right that I may have to inspect references provided on my behalf. A background check may performed on you as felt needed by the Pastor or as recommended by individual(s).

Signature_____Date_____

Witness_____Date_____