

# Aldersgate United Methodist Church Volunteer Screening Checklist

This form should be in every volunteer file. Please indicate the date each item is completed.

Volunteer Full Name: \_\_\_\_\_

1. Volunteer Application \_\_\_\_\_  
(Date)

2. Consent for background check \_\_\_\_\_  
(Date)

3. Volunteer Covenant \_\_\_\_\_  
(Date)

4. Safe Sanctuary Training Session \_\_\_\_\_  
(Date)

5. Cleared background check \_\_\_\_\_  
(Date)

6. Reference checks  
\_\_\_\_\_ (Name) \_\_\_\_\_ (Date)

\_\_\_\_\_ (Name) \_\_\_\_\_ (Date)

\_\_\_\_\_ (Name) \_\_\_\_\_ (Date)

\_\_\_\_\_ Volunteer is approved to work in Children/Youth/Vulnerable Adult Ministries

\_\_\_\_\_ Volunteer is not approved to work in Children/Youth/Vulnerable Adult Ministries

\_\_\_\_\_ Church Administrator signature \_\_\_\_\_ Date