



Southeastern Yearly Meeting of the Religious Society of Friends

P.O. box 4024, Winter Park, FL 32793-4024 ❖ (407) 739-4150 ❖ office@seym.org

Step 1: Application to be a volunteer SEYM Youth Program Worker

Dear Friend,

Thank you so much for volunteering to be an SEYM Youth Program Worker! Thanks to dedicated volunteers like yourself, we are able to have a Youth Program that offers our young people a full schedule of fun, creative, and enriching activities at our gatherings!

Our SEYM Youth Program is organized and operates according to the **Southeastern Yearly Meeting Child Abuse Prevention Training Manual & Procedures**. The Child Abuse Prevention Program (CAPP) ensures that everyone, children, parents, Youth Program Workers, and Youth Program Coordinators alike, can feel safe and free to focus on having a wonderful time at our events. Our CAPP training is designed to give our Youth Program Workers the tools, support and empowerment to create a safe and caring space where each child can explore their creativity, playfulness, feelings and ideas, and learn what it is to be a Friend.

Volunteers go through 5 Steps to be approved SEYM Youth Program Workers:

Step 1: Volunteer. Download our Application package. Print out and complete the two forms, 'Permission to Obtain a Background Check' and 'References', and mail them to the SEYM office.

Step 2: Read the **SEYM Child Abuse Prevention Training Manual & Procedures**. You may read it online or download it from our website, or you may request a ring-bound copy from the office. When you have finished reading the Manual, contact the Secretary to move on to Step 3.

Step 3: **Participate in the Training**. The training covers child abuse prevention, bullying prevention, and other topics. Total training time is estimated to be about 1 hour.

Step 4: **Verification forms**. Print out and complete your 'Training Verification Form' and mail it to the Secretary. The Trainer will complete and send in the 'Training Attendance Record'.

Step 5: **Approval by Review Committee**.

To complete **Step 1**, your application, please fill out the two attached forms:

- **Permission to Obtain a Background Check**
- **References**

And mail them to the office: SEYM, P.O.Box 4024, Winter Park, FL 32793

I look forward to working with you. If you have any questions, feel free to call me.

Vicki Carlie, SEYM Secretary
407-739-4150
office@seym.org

SEYM CAP Program Youth Program Worker Application

Permission to Obtain a Background Check

*This form authorizes **Southeastern Yearly Meeting** to obtain your background information and must be completed by the applicant. Please read our privacy statement on this page.*

I, the undersigned applicant (also known as “consumer”), authorize **Southeastern Yearly Meeting**, through its independent contractor, **Single Source**, to procure background information (also known as a “consumer report and/or investigative consumer report”) about me. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and the state sex offender records.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to **Southeastern Yearly Meeting**, if such is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

Signature: _____ Date: _____

Identifying Information for Background Information Agency

Name: _____
(Print) First Middle Last

Other Names used (maiden, nickname, alias): _____

Current address: _____
Street /P. O. Box, City, State, Zip Code

Former address: _____
Street /P. O. Box, City, State, Zip Code

Social Security Number: _____ Home Telephone Number: _____

Driver’s License Number: _____ State of Issuance: _____

Date of Birth: _____ Gender _____

Please complete this form and mail to SEYM office, together with your **References** form.

Mail to : **SEYM**
 P.O.Box 4024
 Winter Park, FL 32793

Privacy Statement:

We are required to take many steps to assure your privacy. Any information obtained with background and reference checks is kept in the strictest confidence. No background or reference check information is stored on any computer or internet files. SEYM is required to keep all your documentation in a locked safe. If you have any questions about your privacy or the CAPP program, please contact the SEYM office: (407)739-4150; office@seym.org

Step 1 SEYM CAP Program Youth Program Worker Application

REFERENCES form *To be completed by Applicant*

Date: _____

Your Name: _____

E-mail address: _____ Phone: _____

I am a member/attender at _____ Meeting/Worship Group.

I have been attending the above Meeting for _____ (months/years)

Please provide three references , with names, phone numbers, and e-mail addresses from people (not family members) who know you well. Include at least one reference from your Monthly Meeting or Worship Group. *(Note: It would be a courtesy to ask persons if they would agree to be a reference for you, and to let them know that an SEYM Friend will be calling them. It would be helpful to indicate which references are Quaker, and if you can, a best time to call the person.)*

1)

2)

3)

Please complete this form and return to SEYM office along with your **Permission to Obtain a Background Check** form. Mail to : **SEYM
P.O.Box 4024
Winter Park, FL 32793**

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Signature: _____