

CHURCH NAME

(Children's / Youth Work Application)

Name: _____

Phone Number: (Home) _____ (Cell) _____

Address: _____ City _____ State: _____

Zip Code: _____ How long have you lived at this address _____

How long have you lived in the State: _____ Sex: ___ Male ___ Female Date of Birth: _____

Driver's License Number: _____ Social Security Number: _____

Email Address: _____

Employer's Name: _____ Address: _____

Emergency Contact (Name): _____ (Phone #): _____

In which program(s) do you want to become involved? _____

What other children's/youth work experience do you have (Include Churches that were regularly attended over the past 10 years)?

<u>Organization</u>	<u>Program</u>	<u>Date</u>	<u>Contact</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<u>Education</u>	<u>Name of Institution</u>	<u>Year</u>	<u>Degree</u>
High School	_____	_____	_____
College	_____	_____	_____
Other	_____	_____	_____

Have you at any time: (Please explain any Yes answers on a separate page)

Been arrested for any reason? ___ Yes ___ No

*Been convicted of or pleaded guilty or no contest to any crime? ___ Yes ___ No

*Engaged in or been accused of, or plead guilty or no contest to any child molestation, exploitation, abuse or sexual misconduct? ___ Yes ___ No.

*(These two questions are required by many insurance companies but may not be able to be asked to an employee or in some cases a volunteer in certain states; check with your legal counsel.)

Are you aware of:

Having any traits or tendencies that could pose any threat to children, youth or others? ___ Yes ___ No

Any reason why you should not work with children, youth or others? ___ Yes ___ No

Have you regularly attended **CHURCH NAME** for at least six months? ___ Yes ___ No

Are you willing to submit to a background check before beginning your volunteer position? ___ Yes ___ No

References: List names and phone numbers of at least two references who are not related to you.

1 Reference is: ___ Employer ___ Education ___ Personal

Name: _____

Title/ Relationship: _____ **Phone:** (_____) _____ - _____

2 Reference is: ___ Employer ___ Education ___ Personal

Name: _____

Title/ Relationship: _____ **Phone:** (_____) _____ - _____

*I recognize that **CHURCH NAME** is relying on the accuracy of the information I provided on the Children's/Youth Work Application form. Accordingly, I attest and affirm that the information I have provided is true and correct.*

I authorize the organization to contact any person or entity listed on the Children's/Youth Work Application form, and I further authorize any such person or entity to provide the organization with information, opinions, and impressions relating to my background or qualifications.

I voluntarily release the organization and any such person or entity listed on the Children's/Youth Work Application form from liability involving the communication or 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 have carefully read the policy and procedures of the organization, and I agree to abide by them and to protect the health and safety of the children or youth assigned to my care or supervision.

Name Printed: _____

Signature: _____ Date: _____

(Please read this document carefully before you sign)

August 4, 2020

APPROVED AS WRITTEN