

APPLICATION FOR ADULT WORKERS IN YOUTH/CHILDREN'S MINISTRY

CONFIDENTIAL

This screening application is to be completed by all applicants (volunteer or compensated) who are involved in the supervision or custody of minors. The purpose of this form is to help the ministry provide a safe and secure environment for those youth/children who participate in our programs and use of our facilities.

GENERAL INFORMATION

Date _____

First Name _____ Last Name _____

Address _____ City _____ ST _____ Zip _____

Home Phone () _____ Work () _____

Mobile Phone () _____ E-Mail Address _____

Social Networking Profiles (please provide profile account names for each):

Facebook Name/URL _____ Twitter Profile _____

MINISTRY INFORMATION

1) Have you personally accepted Jesus Christ as your Lord and Savior and are you committed to following his teachings and growing in his character?

Yes

No

2) Tell us about your spiritual journey to date:

3) I have chosen to work with the youth/children because...

4) If there has been alcohol, drug abuse, and physical or sexual abuse in your family background, what steps have you

taken to minimize the impact that those issues will create for you, both now and in the future?

5) Have you had previous experience in youth/children ministry and how would you describe your gifts/strengths?

EMPLOYMENT HISTORY

Current Employer _____

Address _____ City _____ St _____ Zip _____

Supervisor _____ Phone Number _____ Current Position _____

MILITARY SERVICE

Branch _____ Rank _____ Discharge _____

PERSONAL SITUATIONS

1) Are you?

- Single
- Married
- Widowed
- Divorced

2) Do you have children of your own?

- Yes
 - No
- Ages _____ Gender _____

3) Have you ever been arrested, convicted or pleaded guilty to a crime?

- Yes
- No

If yes please explain below:

4) Have you ever been suspected, accused, charged, or alleged to have, or have you ever committed an act of neglecting, abusing or molesting a child?

- Yes
- No

If yes please explain:

5) Is there any circumstance or pattern in your life that may make it inappropriate for you to work with children?

- Yes
- No

If yes please explain:

6) Have you ever been treated for a psychiatric disorder?

- Yes
- No

If yes please explain:

REQUEST FOR CRIMINAL BACKGROUND RECORDS CHECK AND AUTHORIZATION

I hereby request and authorize the release of any information which pertains to any record of convictions contained in law enforcement files or in criminal files maintained on me, whether local, state, federal or military. I hereby release local, state, federal or military agencies from any and all liability resulting from such disclosure.

Print Name _____

Print Maiden Name _____

Date of Birth _____

Place of Birth _____

Driver's License Number _____

SS # _____

Signature _____ Today's Date _____

APPLICANT'S STATEMENT

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information (including opinions) they have regarding my character and fitness for work with children. I authorize the release of information contained in this application to any ministry of _____ in which I seek a position (volunteer or compensated). In consideration of the receipt and evaluation of this application by _____, I hereby release any individual, church, children's organization, charity, employer, reference, or any other person or organization, including records custodian, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me my heirs, or family, on the account of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

Should my application be accepted, I agree to refrain from unscriptural conduct in the performance of my services on behalf of the church.

I further state that I HAVE CAREFULLY READ THE FORGOING RELEASE AND KNOW THE CONTENTS THEREOF AND SIGN THIS RELEASE OF MY OWN FREE ACT. This is a legally binding agreement I have read and understand.

Applicant's Signature _____ Date _____