

APPLICATION FOR CHILDREN & YOUTH WORKERS and BACKGROUND INFORMATION CONSENT FORM

CONFIDENTIAL

Office Use Only

Department: _____

Overseeing Pastor: _____

This application is to be completed by all applicants for any position (volunteer or compensated) involving the supervision or custody of minors. It is being used to help the church provide a safe and secure environment for those children and youth who participate in our programs and use our facilities.

* Identity must be confirmed with a state driver's license or other photographic identification (attach copy).

Legal Name: _____
Last First Middle

Maiden Name or other names used: _____

Present Address: _____

City: _____ State: _____ Zip: _____

How long at present address? _____

Home Phone: _____ Cell phone: _____ Email: _____

Former Address: _____

City: _____ State: _____ Zip: _____

How long at former address? _____

If less than 5 years as resident, please provide former counties and states of residence:

Date of Birth: _____ Place of Birth: _____

Social Security #: _____ - _____ - _____

Driver's License #: _____ State of License Issue: _____

The above information is required for identification purposes only and is in no manner used as qualification for employment.
The _____ Church abides by all applicable state and federal employment laws.

Have you ever been convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor? YES _____ NO _____

If yes, please explain (attach a separate page if necessary): _____

Were you a victim of abuse or molestation while a minor? YES _____ NO _____ UNSURE _____

If you prefer, you may discuss your answer to this question with the senior pastor rather than answering it on the form. Answering yes, or leaving the question unanswered, will not automatically disqualify an applicant for work.

Have you ever been convicted of, been accused of or practiced homosexuality? YES _____ NO _____

If yes, please explain (Attach a separate page if necessary): _____

Have you ever been convicted of a criminal offense? YES _____ NO _____ If yes, please explain (Attach a separate page if necessary): _____

(Continued on next page)

NAME: _____

CHURCH ACTIVITY

Name of church where you are a member: _____

List churches (name and address) you have attended regularly during the past five years:

List all previous work involving children/youth. Identify the church and the type of work:

List any gifts, callings, training, education or other factors that have prepared you for children/youth work: _____

What type of children/youth work do you prefer? _____

Within the area of ministry where do you feel you would best placed?
! - **Leading Volunteers** ! - **Teaching Children** ! - **Assisting Teachers** ! - **Greeting** ! - **Hospitality**
! **Other:** _____

When and how often are you available to serve?
! - **Wednesday 7:00** ! - **Sunday 8:00** ! - **Sunday 9:00** ! - **Sunday 11:00** ! **Morning Grace** ! **Other:**

Minimum length of commitment? _____

*No volunteer should be considered for any position involving contact with children or youth until the candidate has been involved with this church for 6 months (unless authorized by senior pastor). You may begin the application process after two months of regular attendance at the church.

PERSONAL REFERENCES

Name: _____
Address: _____
City, State & Zip: _____
Telephone: _____

Name: _____
Address: _____
City, State & Zip: _____
Telephone: _____

Name: _____
Address: _____
City, State & Zip: _____
Telephone: _____

BACKGROUND INFORMATION CONSENT FORM
APPLICANT AUTHORIZATION AND RELEASE FORM

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 that they may have regarding my character and fitness for children/youth work. In consideration of the receipt and evaluation of this application by the _____ Church, I hereby release any individual, church, youth organization, charity, employer, reference, or any other organization, including record custodians, both collectively and individually, from any liability for damages of whatever kind or nature which may at any time result to me, my heirs or family, on 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 be bound by the bylaws and policies of _____ Church and 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 FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement that I have read and understand.

I also hereby authorize _____ Church and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment/service now and, if applicable, during the tenure of my employment/service with _____ Church.

These above mentioned background information checks may include, but are not limited to, employment and education verifications, social security verification, driving record information, personal references, personal interviews and personal credit history. I further understand that an acceptable credit report and/or background check will allow me to continue the pre-employment/service process and that an unacceptable credit and/or background check may result in the discontinuation of my pre-employment/service process. I understand if I am hired/serving prior to the completion of the background check that an unacceptable background check will result in my termination.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any criminal background search prepared on me upon written request within a reasonable time after the date of such search.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to _____ Church including but not limited to any courthouse, any public agency and all law enforcement agencies and any and all credit bureaus regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I release _____ Church and/or its agents and any persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, of whatever kind, by me, my heirs and others making such claim or demand on my behalf, for procuring, selling, providing, brokering and/or assisting with compilation or preparation of the background information check hereby authorized.

Printed Name in Full

Applicant's Signature

Date

Witness' Signature

Date

(Continued on next page)

**APPLICATION FOR CHILDREN & YOUTH WORKERS and
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REPORTING PROCEDURES FOR CHURCH WORKERS

Each teacher involved in the Youth/Children’s Ministry should report any suspicious behavior or comments that would lead an individual to believe that PHYSICAL ABUSE AND/OR SEXUAL ABUSE has occurred. The following are indications of possible abuse:

- ◆ **PHYSICAL SIGNS** - lacerations and bruises, nightmares, irritation, pain or injury to genital area, difficulty with urinating, discomfort when sitting, torn or bleeding underclothing, venereal disease
- ◆ **BEHAVIORAL SIGNS** - anxiety when approaching church or nursery area, nervous or hostile behavior toward adults, sexual self-consciousness, “acting out” sexual behavior, withdrawal from church activities
- ◆ **VERBAL SIGNS** - I don’t like (particular church worker), (a church worker) does things to me when we’re alone, I don’t like to be alone with (a church worker), (a church worker) fooled around with me.

If any of these things should take place, a teacher must report what they have seen or heard to the person directly over their department. The department head will then relay that information to the senior pastor. If, in the judgment of the senior pastor, there is any truth to the allegations, he will report these findings to the state within 24 hours. The senior pastor may file the report anonymously from the office of an independent third party if he chooses.

On a periodic basis there will be meetings to discuss reporting procedures. Everyone involved will know the responsibility that they have to report incidents. If the department you are serving has a policy and procedural manual you are required to read and sign any statement of agreement.

APPLICANT’S STATEMENT

I have read, understand and agree to comply with these reporting procedures.

Signature

Date

