

Application to Work with Children / Youth

This application is to be completed in full by all church paid staff and all volunteers for any position involving the supervision, teaching, or custody of minors. Information will be treated as confidential and is needed to help us provide a safe environment for children and youth who participate in our programs and use our facilities.

Personal Info

Name (First, Middle, Last): _____

Date: _____

(List any other names that have been used, including maiden or previous married name)

Address: _____

State _____ Street _____ Zip _____ City _____

Home Phone: (____) _____ Work Phone: (____) _____

Best time to call: _____

SS# _____ - _____ - _____ Birth date: _____ Drivers License Number: _____

Marital Status: _____ Spouses Name: _____

Emergency Contact: _____ Phone: (____) _____

Number of Children: _____ Ages: _____

Do you have any medical training or are you CPR certified? _____

Positions

In which areas would you like to serve? Please check below.

Nursery

Toddler 3 4 5

Primary Elementary (1-3rd):

Elementary (4th-5th):

Middle School (6th-8th):

High School (9th-12th):

When are you available to serve?

Sunday Worship
 9:30 10:45

Special Events

Mid-week

Background

How long have you been attending this church? _____ years _____ months

Are you a member of this church?

Yes No In Process

Have you trusted Christ as your Savior?

Yes No When? _____

List your top three spiritual gifts (if you are not aware of your gifts, please ask for a Spiritual Gifts Inventory): _____

List any gifts, talents, training, skills or education that have prepared you to work with children: _____

Do you have any physical handicaps or conditions preventing you from performing certain types of activities?

Yes No If yes, please explain _____

Have you ever been convicted of a crime?

Yes No If yes, please explain _____

Have you ever been accused, arrested or convicted of child abuse, neglect, or a crime involving actual or attempted sexual molestation of a minor or other sexually related crime?

Yes No If yes, please explain _____

Do you use illegal drugs?

Yes No

Have you ever been hospitalized or treated for alcohol or substance abuse?

Yes No

Are there any circumstances involving your lifestyle or your background that would call into question your ability to work with children?

Yes No Please explain: _____

Have you had any painful experiences in your life that have better equipped you or that may hinder you from a productive ministry with children?

Yes No

If so, would you like to talk to a pastor regarding this circumstance?

Yes No

Passions and Strengths

What motivates you? (Write three or four lines on how you like to be encouraged) _____

A daily encouragement for me would be _____

If I had all day to do something for myself, I would

The most fun I ever had was when

My favorite hobby is

My greatest passion in life

One area I am growing in is

The greatest strength I possess is

If you have taken a spiritual gifts assessment, what are your spiritual gifts?

References

Please provide the names of three individuals (not relatives) who have known you for five years or more and who can provide a reference for you. If you are under the age of 18, you may use the name of a parent and/or teacher. If possible, please include at least one reference from someone in this church. All people listed as references should be informed that you have listed them. References that are acceptable are limited to the following:

- Former or present pastor
- Long-time friend (minimum of 5 years)
- One parent (for minors)
- Teacher (for minors)
- Church member (who has sufficient strength of relationship to comment on the individual's personal habits and character)
- Employer or colleague

1. Name: _____ Relationship: _____

Address: _____
Street *City* *State* *Zip*

Home Phone: (_____) _____

Email: _____

2. Name: _____ Relationship: _____

Address: _____
Street *City* *State* *Zip*

Home Phone: (_____) _____

Email: _____

3. Name: _____ Relationship: _____

Address: _____
Street *City* *State* *Zip*

Home Phone: (_____) _____

Email: _____

Church History

List the name and address of churches you regularly attended during the past 5 years.

Church name: _____ Phone: (____) _____

Address: _____

State

*Street
Zip*

City

Church name: _____ Phone: (____) _____

Address: _____

State

*Street
Zip*

City

Church name: _____ Phone: (____) _____

Address: _____

State

*Street
Zip*

City

List all previous work, paid or volunteer, involving children, youth or minors at churches or any other organization (including babysitting). Please provide name, address and phone, dates worked and work description, (use back of sheet if necessary).

Organization: _____ Phone: (____) _____

Address: _____

State

*Street
Zip*

City

Type of work: _____ Dates: _____

Organization: _____ Phone: (____) _____

Address: _____

State

*Street
Zip*

City

Type of work: _____ Dates: _____

Organization: _____ Phone: (____) _____

Address: _____

State

*Street
Zip*

City

Type of work: _____ Dates: _____

Organization: _____ Phone: (____) _____

Address: _____
State Street Zip City

Type of work: _____ Dates: _____

Organization: _____ Phone: () _____

Address: _____
State Street Zip City

Type of work: _____ Dates: _____

Employment History

Please provide your current employer and last two employers.

CURRENT EMPLOYER: _____ Supervisor: _____

Address: _____
State Street Zip City

Position(s) Held: _____ Full-time Part-time Employment Dates: _____ — _____

PREVIOUS EMPLOYER: _____ Supervisor: _____

Address: _____
State Street Zip City

Position(s) Held: _____ Full-time Part-time Employment Dates: _____ — _____

PREVIOUS EMPLOYER: _____

Supervisor: _____

Address: _____
State Street Zip City

Position(s) Held: _____ Full-time Part-time Employment Dates: _____ — _____

Military Service

Branch: _____

Enlist Date: _____

Discharge Date: _____