

Child/Youth Worker Application Form

It is the goal of this church to create a safe and secure environment for all children and workers who are involved in church activities. To facilitate this emphasis, it is necessary to gather pertinent information from those who desire employment or offer volunteer services to our children and youth program. This information will be used for the sole purpose of helping the church provide a safe and secure environment for children and workers.

Date: _____

Name: _____

Date of birth: _____

Have you ever used name(s) other than the one above? If yes, please list: _____

Current street address: _____

City, State, Zip: _____

Years at address: _____

Previous address: _____

Current phone number(Home): _____
(Work) _____

Position Applying/Volunteering for:

Is there any reason you should NOT work with or around other children or youth? _____

If yes, please provide details: _____

Have you ever been convicted of or pleaded guilty to a criminal offense? _____

If yes, please provide details: _____

Please provide the following church information:

What, if any, church affiliation do you have?

How long have you attended that church? _____

Are you a member? _____

List other churches with which you have been affiliated:

Have you ever worked with youth or children? _____

List where: _____

Please list two non-related references.

Name: _____

Address: _____

Phone: _____

Email: _____

Years known each other: _____

Name: _____

Address: _____

Phone: _____

Email: _____

Years known each other: _____

I hereby give permission to make a thorough investigation of my past employment, education, and background and release liability all persons, companies, or corporations supplying such information. I also release the church from any liability that might result from making such an investigation. I understand that any false statements or implications made by me on this application or other required documentation shall be considered sufficient cause for denial of employment or discharge.

Signature: _____

Date: _____