

Children/Youth Work Application

VOLUNTEERS AND EMPLOYEES

PERSONAL

Name: _____ Daytime telephone: _____

Address: _____

Age range: under 18 18-25 over 25

In which children/youth program(s) are you seeking to become involved? _____

What skills would you bring to the children/youth program? _____

What other children/youth work experience do you have? *(Please list)*

Organization	Program	Dates	Contact
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you at any time ever:

- Been arrested for any reason? Yes No
- Been convicted of, or pleaded no contest to, any crime? Yes No
- Engaged in, or been accused of, any child molestation, exploitation, or abuse? Yes No

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

If the answer to any of these questions is "yes," please explain in detail: _____

(Please attach additional pages if more space is needed)

(over)

CHURCH ACTIVITY

What church or churches have you attended in the past five years?

Church name	Pastor's name	Years attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

REFERENCES *(Other than relatives)*

Name/Relationship	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPLICANT VERIFICATION AND RELEASE

I recognize that the organization to which this application is being submitted is relying on the information contained herein. Accordingly, I attest and affirm that all of the information that I have provided is absolutely true and correct.

I authorize the organization to contact any person or entity listed in this application, 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 from liability involving the communication of 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 agree to abide by all policies and procedures of the organization, and to protect the health and safety of the children/youth at all times.

Printed name: _____

Signature: _____ Date: _____

This is a sample document only. Your organization is responsible for compliance with all applicable laws. Accordingly, this form should not be used or adopted by your organization without first being reviewed and approved by an attorney. No liability is assumed by those who have prepared or distributed this sample form.