

CROSSROADS

community church

APPLICATION FOR ADULT CHILDREN AND/OR YOUTH WORKER

PURPOSE:

This form is to be completed by all applicants (volunteer and employee) for any position involving supervision or custody of minors. This application is used by Crossroads Community Church to help promote a safe environment for the children and youth who participate in our ministries or use our facilities.

INSTRUCTION:

Please answer each question. Consistent with relevant law, the information on this application will not be disclosed to unauthorized persons. You may attach extra pages for explanation if needed.

GENERAL INFORMATION:

Date:

Last Name: First Name: M.I.

Have you ever used any other names? YES NO If yes, please list:

Address:

Home Phone: Work/and or Cell Phone:

Email:

Birth date:

Social Security #: Driver License #

With what age of children and/or youth are you seeking to work?

On what date would you be available?

BACKGROUND INFORMATION:

How long have you been attending Crossroads?

Are you a participating member of Crossroads?

If not, please name the church of which you are a member:

List other churches you have attended regularly over the past three years:

	<u>Church Name:</u>	<u>Phone Number:</u>	<u>Contact Person:</u>	<u>Years Attended:</u>
1.		()		
2.		()		
3.		()		

List previous work (church and non-church) involving children or youth. Use a separate sheet of paper if necessary.

	<u>Organization:</u>	<u>Type of Work:</u>	<u>Contact Person:</u>	<u>Phone Number:</u>
1.				()
2.				()
3.				()

Have you placed your trust in Jesus Christ and committed yourself to knowing, loving, and following Him as the ultimate pursuit of life? **YES** **NO**

Briefly share the story of your relationship with God:

List any gifts, callings, training, education, and other factors that may have prepared you for ministry to children and/or youth. Use a separate sheet of paper if necessary.

EMPLOYMENT HISTORY:

Present Employer:

Supervisor:

Address:

City:

St:

Zip:

Position(s) held:

Employment dates:

Starting:

Ending:

Previous Employer:

Supervisor:

Address:

City:

St:

Zip:

Position(s) held:

Employment dates:

Starting:

Ending:

If you have been employed more than twice in the previous two years, please provide information on each job held during that period on a separate sheet of paper.

PERSONAL SITUATIONS:

Are you: **SINGLE** **MARRIED** **WIDOWED** **DIVORCED**

Do you have children of your own? **YES** **NO** **AGES:**

Have you ever been arrested for, convicted of, or pleaded guilty to a crime? **YES** **NO**
(If yes, please explain on a separate sheet of paper).

Have you ever been accused of, charged with, alleged to have, or have you ever committed any act of neglecting, abusing, or molesting any child? **YES** **NO**
(If yes, please explain on a separate sheet of paper).

Have you ever been concerned that you may have an addiction to drugs, alcohol, pornography, or any other addiction; or has anyone ever suggested that you may have a problem with any of the above?

Have you ever been treated for a psychiatric disorder: **YES** **NO**

Is there any circumstance or pattern in your life that would make it inappropriate for you to serve with minors or that would compromise the integrity of Crossroads Community Church?
YES **NO**
(If yes, please explain on a separate sheet of paper).

REFERENCES:

List three people you have known for at least one year, who are not related to you, and who have a definite knowledge of your character and ability to work with children and/or youth.

1. Crossroads Community Church Staff, Leadership Board Member, Community Group Leader, Ministry Team Leader, or Ministry Leader from your previous church:

Name: _____ Length of time known: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: () _____ Work Phone: () _____

2. Employer or Fellow Employee:

Name: _____ Length of time known: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: () _____ Work Phone: () _____

3. Social Friend or Neighbor:

Name: _____ Length of time known: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: () _____ Work Phone: () _____

Please do not write below this line

APPLICANT'S STATEMENT:

I hereby authorize all employers, organizations, churches, and other entities and persons identified in this form to release any information contained in their files or records concerning me.

In consideration of the receipt and evaluation of this application by Crossroads Community Church, I hereby release Crossroads Community Church and any individual, church youth organization, charity, employer, reference, or any other person or organization, including record custodians, 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 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. I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THAT CONTENTS THEREOF, AND I SIGN THIS RELEASE AS Y OWN FREE ACT.

I understand and agree that it is critical to the mission and ministry of Crossroads Community Church that all employees and volunteers conform to the highest standards of safety, interpersonal conduct, and sexual morality. I affirm that I will strictly comply with Crossroads Community Church's children and youth ministry policies and procedures, including those concerning child safety and protection, sexual abuse and misconduct, and interpersonal relationships. I understand and agree that failure by me to abide by such policies and procedures may result in my immediate dismissal, or disciplinary action, all at the discretion of the church.

My responses above are truthful and accurate. I understand and agree that if they are not truthful and accurate, Crossroads Community Church may determine that I am no longer qualified to be associated with its ministries as a church employee or volunteer in any capacity.

Applicant's Signature:

Date:

Witness:

Date:

Parent Signature (If applicant is a minor):

Date:

REQUEST FOR CRIMINAL 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 any criminal file maintained on me whether local, state, or national. I hereby release local, state, and national law enforcement agencies from any and all liability resulting from such disclosure.

Signature:

Print Name:

Print Maiden Name if Applicable:

Date of Birth:

Place of Birth:

INTERVIEW:
ORIENTATION:
REFERENCES:

FOR OFFICE USE ONLY

APPROVED/DENIED:
REASON IF DENIED:
ENTERED: