

# Sample Children's/Youth Worker Application

*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. Insurance One assumes no liability in the preparation and distribution of this sample 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.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_  cell  home  work

Driver's License Number: \_\_\_\_\_ State of License: \_\_\_\_\_

In Case Of Emergency Notify (name & telephone): \_\_\_\_\_

## **Please Respond To All Questions Below That Apply To The Position For Which You Are Volunteering**

In which volunteer children/youth program do you want to become involved? \_\_\_\_\_

When are you available to work? \_\_\_\_\_

What skills would you bring to the children's/youth program? \_\_\_\_\_

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

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

### **Have you at any time ever:**

- Been arrested for any reason?  Yes  No
- Been convicted of, or pleaded guilty or no contest to, any crime?  Yes  No
- Do you currently have any criminal actions pending in which you are the Defendant?  Yes  No
- Are you currently on probation or parole?  Yes  No
- Engaged in, or been accused of, any child molestation, exploitation, or abuse?  Yes  No

*Note: If you are not comfortable answering any of the above questions, feel free to discuss with church staff privately or check with your attorney.*

If yes to any of the above, please provide details: \_\_\_\_\_

\_\_\_\_\_

**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 or around with children, youth, or other?  Yes  No

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

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*(Please attach additional pages if more space is needed)*

**Church Activity:**

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

Church	Pastor’s Name	Year Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

References (Other than relatives). Please provide at least two.

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

**Children’s/Youth Work Verification and Release**

I recognize that (name of organization) is relying on the accuracy of the information I provide on the Children’s/Youth Work Application form. Accordingly, I attest and affirm that the information I have provided is true and correct. I understand that any falsification, misrepresentation, or omission of facts called for herein may result in my disqualification from further considerations as a volunteer.

I authorize the organization to contact any person or entity listed on the Children’s/Youth Work Application form, 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 listed on the Children’s/Youth Work Application form 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 have carefully read the policy and procedures of the organization, and I agree to abide by them and to protect the health and safety of the children or youth assigned to my care or supervision at all times.

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_

*(Please read this document carefully before you sign it.)*