

SEQUOYAH HILLS PRESBYTERIAN CHURCH

APPLICATION FOR POSITIONS OF WORK, PAID OR VOLUNTEER, WITH CHILDREN'S AND/OR YOUTH MINISTRY

This application is to be completed by all applicants for any position (volunteer or paid) involving the supervision or custody of minors. It is being used to help the church provide a safe and secure environment for those children and youth who participate in our programs and use our facilities. Full disclosure of information requested is a prerequisite to consideration for any position involving children and youth.

I. PERSONAL DATA (CONFIDENTIAL)

Name: _____ Gender: _____
Last First Middle (Maiden)

Date of Birth: _____ Social Security Number: _____ Occupation: _____

Home Phone: (____) _____ Email Address: _____

Mobile Phone: (____) _____ Other Phone: (____) _____

Present Address: _____

Number Street City County State Zip

How long at this address? (Months/Years) _____

Prior Address: _____

Number Street City County State Zip

How long at this address? (Months/Years) _____

City/County/State of Birth: _____ / _____ / _____

CPR trained: Date: _____ AED trained: Date: _____

Please list all states in which you have resided since age 18: _____

1. Children/Youth Ministry position applying for: _____
Date Available: _____
2. Have you ever been convicted of or plead guilty to a crime?
If yes, please explain:
3. Have you ever been accused of abuse (verbal, physical, or sexual) of a minor?
If yes, please explain:
4. Do you have a current driver's license?
driver's license number: _____ If yes, please list your
State of Issue: _____

**APPLICATION FOR POSITIONS OF WORK, PAID OR VOLUNTEER,
WITH CHILDREN'S AND/OR YOUTH MINISTRY**

II. CHURCH HISTORY AND PRIOR MINISTRY WORK

Applicant's Name (Please Print) _____ Date _____

1. Name of church of which you are currently a member: _____
How long have you been a member? _____

2. List (by name and address) other churches and/or Christian Fellowship organizations you have attended regularly during the past five years:

3. List all previous work (church and non-church) involving children/youth (identify organization, city, and type of work): _____

4. List any gifts, callings, training, education, or other factors that have prepared you for children/youth work: _____

III. PERSONAL REFERENCES

(Please supply at least three people who do not relate to you as former employers or relatives.

At least two of these references will be contacted.)

Name _____

Address _____

Telephone _____

Relationship _____

Name _____

Address _____

Telephone _____

Relationship _____

Name _____

Address _____

Telephone _____

Relationship _____

Name _____

Address _____

Telephone _____

Relationship _____

IV. RELEASE

The information contained in this application is correct and complete to the best of my knowledge. I authorize any references or churches listed in this application to give Sequoyah Hills Presbyterian Church any information (including opinions) that they may have regarding my character and fitness for children/youth work. I release all such references from any liability for furnishing such evaluations to you. I waive any right that I may have to inspect references provided on my behalf.

In connections with my application for work with youth and/or children at Sequoyah Hills Presbyterian Church, I authorize Sequoyah Hills Presbyterian Church to solicit background information relative to my criminal record history. I understand that Sequoyah Hills Presbyterian Church may conduct inquiries into my background that may include criminal records, personal references, and other public record reports pertaining to me. I also authorize without any reservation, any person, agency, or other entity contacted by Sequoyah Hills Presbyterian Church to furnish the above mentioned information.

I have carefully read the Sequoyah Hills Presbyterian Church Guidelines for Safeguarding our Children and Youth: Maintaining A Safe Sanctuary, and I understand it and agree to be bound by it should my application be accepted.

Applicant's Name (Please Print) _____

Applicant's Signature _____ Date _____

(For SHPC Administrative use only)

Approved: _____

Screened: _____

_____ Date: _____

_____ Date: _____

_____ Date: _____

_____ Date: _____