

APPENDIX I CHILD/YOUTH PROTECTION WORKER APPLICATION

Full Name: _____

Home Address: _____

Daytime Phone: _____ Evening Phone: _____

Occupation: _____

Employer: _____

Current Job Responsibilities: _____

Previous Experience with Children/youth: _____

Special Interests, Hobbies, Skills: _____

Availability to Work? (Check One or More)

Days: _____ Evenings: _____ Weekends: _____

Do You Have a Valid Driver's License? Yes or No; *If yes and you would like to be a church approved driver*, please provide your License number: _____

Initial here that we have your permission to check and obtain a report of your driving record and to share that information with those persons who will act on this Application?

_____ Yes _____ No _____ Initials _____ Date initialed: _____

Why Do You Want To Work With Children/Youth? _____

What Gifts, Education, Training, or Interests Do You Have That Would Help You Work With Children/Youth?

What are your views on appropriate ways to discipline?

Have you ever been charged with, convicted of, or plead guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, or other crimes of violence, theft or serious motor vehicle violations)? Yes or No

If "Yes" explain:

References: Please list three personal references (i.e., people who are not related to you by blood or marriage) and provide a complete address and phone number for each.

Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Relationship to Applicant: _____

Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Relationship to Applicant: _____

Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Relationship to Applicant: _____

Do we have your permission to contact these references as well as anyone else in order to obtain information about you for the purpose of considering you for a position of one who would work with children and / or youth? _____ Yes _____ No _____

Do we have your permission to share this information with those persons who will participate in acting on this Application? _____ Yes _____ No _____

Date: _____

Signature of Applicant