

Appendix B

VOLUNTEER OR PAID STAFF APPLICATION

Screening for Volunteer and Paid Staff Working with Children and Youth
Ascension Lutheran Church-Waterloo, Iowa

Indicate areas in which you are interested:

- SS Teacher Staff Church Helper Music Leader Youth Fellowship
 Music Leader Youth Leader Youth Counselor Overnight Counselor Transportation
 Nursery AWANA Leader Youth/Child Volunteer
 Other _____

Date: _____ Social Security No. _____ Date of Birth: _____

Name: _____
(Please print)

Current address: _____ Phone: _____
(Please print)

Employer: _____ Phone: _____

Length of current employment _____ Supervisor: _____

List current Volunteer activities:	Day(s) and time(s)
_____	_____
_____	_____
_____	_____
_____	_____

Do you have any training/certification in first aid or CPR? Yes No

Date of last certificate issued: _____

Have you been or are you currently serving as a paid staff or volunteer worker with children or youth in which you have already undergone and met screening requirements? Yes No

If "yes", with whom? _____

Valid (State) Drivers license and clean driving record? Yes No If "yes", license number: _____

Have you ever been convicted or pleaded guilty of a criminal offense against a person? Yes No If yes, please explain (if you wish to speak with a member of the professional church staff, please indicate). A "yes" necessitates a criminal records check.

Church History and Prior Experience

Date of membership at Ascension Lutheran Church _____
If not a member, how long have you been attending? _____
If not a member, list other church affiliation: _____
Volunteer or staff activities at Ascension Lutheran Church: _____

List or check below all other child care, teaching or other child/youth work you have been involved in on either a paid or volunteer basis:

- Check areas of experience: SS teaching Nursery Choir Bells Youth Program
- After school programs Child care Overnights Substitute YBS Camp Room parent
- Weekday helper SS superintendent Small groups
- Other; Explain: _____

State the position for which you are applying: _____
List the factors that you believe prepares you for the position: _____
Please state the day and time you are available: _____

References

Do you have any physical limitations you believe prevent you from doing certain types of activities? Yes No

If "yes", please explain _____

At least one of these references should be an Ascension Lutheran Church member. If you have been a member or attended this church for 1 year or less, one of your references should be the Senior Pastor or Associate Pastor(s) from the church where you were a member before coming to this community.

Name: _____ Position: _____ Relationship: _____
 Name: _____ Position: _____ Relationship: _____
 Name: _____ Position: _____ Relationship: _____
 Name: _____ Position: _____ Relationship: _____

Applicant's Statement

The information contained in this application is current to the best of my knowledge. I authorize any references or churches listed in this application to give you any information, including opinions that they may have regarding my character and fitness for children or youth work. In consideration of the receipt and evaluation of this application by Ascension Lutheran Church, I hereby release any individual, church, youth organization, charity, employer, referee, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of any 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.

Should my application be accepted, I agree to be bound by the Bylaws and Policies of Ascension Lutheran Church. I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE, I KNOW AND UNDERSTAND THE CONTENTS OF IT, AND I SIGN THE RELEASE AS MY OWN FREE ACT. I understand that this is a legally binding agreement.

Applicant's Signature: _____ Date: _____

Witness: _____ Date: _____

Appendix C

Ascension Lutheran Church, Waterloo, Iowa

ACCEPTANCE OF POLICY

By signing this document, I am stating that I have read and understand the Child and Youth Safety Policy of Ascension Lutheran Church.

I further agree that I accept it and will abide by it. If incidence of child abuse or criminal activity is proved, I understand my role as volunteer and/or paid staff member will be terminated.

Signature of Staff or Volunteer

Signature of Witness

Printed Name of Staff or Volunteer

Printed Name of Witness

Date

Date

