

Crossroads Community Church

Application To Work With Children and/or Youth

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: _____ MI _____

Have you ever used any other names? Yes No If yes, please list: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Birth date: _____ Social Security #: _____ Driver License # _____

Background Information:

How long have you been attending Crossroads? _____ Are you a participating member? Yes No

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

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

	Church Name	Phone Number	Contact Person	Years attended
1.				
2.				
3.				

Please Initial _____

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

	Organization	Type of Work	Contact Person	Phone Number
1.				
2.				
3.				

Employment History:

Present Employer:

Supervisor:

Address:

City:

State:

Zip:

Position(s) held:

Employment dates: Starting:

Ending:

Previous Employer:

Supervisor:

Address:

City:

State:

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).

Please Initial _____

Applicants 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 MY 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.

Applicants Signature:

Date:

Witness:

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:

Please Initial _____