

Children's and Youth Ministry Application and Release

for
Burnt Hickory Church of Christ

This application is to be completed by all those desiring a ministry position involving the supervision and/or custody of minors. It is being used to help the church in its effort to provide a safe and secure environment for those children who participate in our programs and use our facilities. The Child Protections Handbook for Burnt Hickory Church of Christ should be read prior to completing this application.

Name _____
Last First MI

Address _____
Street City State Zip

Home Phone () _____ Day phone if different () _____

Cell Phone () _____ Personal Email _____

How long have you attended this congregation (if less than one year please indicate number of months)? _____ Years _____ Months

Are you a member of this congregation? Yes No

Please check the services or groups you regularly attend:

- Sunday AM Worship
- Sunday AM Bible Class
- Other: _____

In what capacity do you desire to offer your services in the children's and/or youth ministries? _____

Office Use only:

Date Received: _____

Minister Reviewed/Approved: _____

The questions listed below are a part of our process for considering people wishing to work with our youth and children. All information is held in strict confidence by Burnt Hickory Church of Christ. Answering “yes” to any of the questions may not necessarily preclude your involvement in the Children’s and/or Youth Ministries. Thank you for your desire to work with our ministry programs.

1. Have you had any painful experiences in your life that have better equipped you or might hinder you from a productive ministry with minors?
 Yes No

Would you like to meet with a minister or shepherd regarding this circumstance?

- Yes No

2. Have you used any illegal drugs within the past 72 hours?
 Yes No
3. Have you ever been hospitalized or treated for alcohol or substance abuse?
 Yes No
4. Have you ever been arrested for a criminal offense excluding minor traffic violations?
 Yes No
5. Have you ever been accused, arrested, or convicted for any sexually related crimes?
 Yes No
6. Have you ever been accused, arrested, or convicted for any abuse-related crimes?
 Yes No
7. Are there any circumstances involving your lifestyle or your background that would call into question your ability to work with minors?
 Yes No

If you answered “yes” to any of the above questions, please explain:

Applicant’s Name _____ Date _____

Personal Reference Release for New Teachers

Please provide three personal references who are well acquainted with you. Do not include relatives. (References who have observed you in like kind services/ministries are preferred.)

Reference Contact

Name _____

Organization _____

Address _____

City, State Zip _____

Telephone _____

Reference Contact

Name _____

Organization _____

Address _____

City, State Zip _____

Telephone _____

Reference Contact

Name _____

Organization _____

Address _____

City, State Zip _____

Telephone _____

Children’s and Youth Ministry Applicant’s Statement – Read Carefully!

In consideration of the receipt and evaluation of this application by Burnt Hickory Church of Christ, I agree and represent that:

- The information contained in this application is correct to the best of my knowledge.
- I authorize my references to release information to Burnt Hickory Church of Christ regarding my service in children’s and/or youth ministry or like kind services. This release of information covers my employment or volunteer service record in general, including information on the following questions:
 1. Service capacity
 2. Position(s) held
 3. Dates of service
 4. Reason for leaving and eligibility for returning (would my reference re-employ me if they had to do it all over again?)
 5. Awareness of any facts demonstrating that the applicant’s volunteer service with minors should be restricted
- I agree that my references who provide such information are indemnified and released from liability arising from such disclosures, excepting only the communication of knowingly false information.
- I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding release which I have read and understand. I understand that I may consult with an attorney before signing this document. A facsimile or photocopy of this authorization shall be as valid as the original. I further understand that a criminal records check will be conducted on me, and I consent to any such check.
- I also understand that if I do not sign this Authorization, my application will not be considered

I have read and understand the above provisions, and agree to them.

SIGNATURE

DATE

WITNESS SIGNATURE

DATE