

## CHILD PROTECTION PROGRAM: Volunteer Application Teen Form - Level 3

We are seeking to provide a safe and secure environment for those children and youth who participate in our programs and use our facilities. This form is to be completed by all volunteer workers for any position involving the instruction, supervision, or custody of minors.

We are aware that the Body of Christ is made up of many unique people and experiences. Praise God, we are all sinners saved by His Grace! While it would never be our intention to judge and condemn, we believe it is our God-given responsibility (Matthew 18:6) to provide a safe and secure environment for our children. As such, we ask for your cooperation and assistance in complying with the guidelines of our Child Protection Program.

### Personal Information

Name

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Telephones

Home: \_\_\_\_\_

Mom Cell: \_\_\_\_\_ Provider: \_\_\_\_\_

Dad Cell: \_\_\_\_\_ Provider: \_\_\_\_\_

Youth Cell: \_\_\_\_\_ Provider: \_\_\_\_\_

Email Addresses:

Mom Email address: \_\_\_\_\_

Dad Email address: \_\_\_\_\_

Youth Email address: \_\_\_\_\_

Current Home Address

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Church Membership

<input type="checkbox"/> St. Peter's member (less than one year) <input type="checkbox"/> St. Peter's member (1-5 years) <input type="checkbox"/> St. Peter's member (more than 5 years) <input type="checkbox"/> Non-member	(Please complete this information if a non-member or a member less than 5 years) Current or former church: _____  Address: _____  Phone number: _____
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***Please continue on the back side!***

You are advised that in connection with your application for volunteer service, St. Peter's Lutheran Church may make an investigation of your background, references, character, and criminal history information, which may be conducted through personal interviews or which may be obtained from any federal, state or local files, including those maintained by public or private organizations, and all public records for the purpose of confirming the information contained in your application and/or obtaining information which may be material to your certification for volunteer ministry.

In regards to the safety and welfare of children, co-workers and others, St. Peter's Lutheran Church requires that its employees and volunteers pursue moral and ethical lifestyles. As such, we desire a "yes" or "no" answer to each of the following questions. Please attach a separate sheet of paper to explain in detail any "yes" responses.

- CONFIDENTIAL
- \_\_\_ 1. Do you have difficulty controlling your language?
  - \_\_\_ 2. Do you have difficulty controlling your anger?
  - \_\_\_ 3. Have you ever willfully injured someone younger than you (other than siblings)?
  - \_\_\_ 4. Have you ever been arrested?
  - \_\_\_ 5. Have you ever been convicted of a crime?
  - \_\_\_ 6. Are you infected with any other communicable disease? (like hepatitis, AIDS, mono, ...)
  - \_\_\_ 7. Is there any reason, including those related to physical or mental health, that might keep you from working with children?

The information contained in this application is correct to the best of my knowledge. I authorize and references or churches listed in this application to give you any information that they may have regarding my character and fitness for working with children and youth.

In consideration of the receipt and evaluation of this application by St. Peter's Lutheran Church and school, I hereby release 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 at any time to me, my heirs, or family on account of compliance or any attempts to comply, with this authorization, excepting only the communication of knowingly false information.

Should my application be accepted, I agree to be bound by the bylaws and policies of St. Peter's Lutheran Church and School and to refrain from unscriptural conduct in the performance of my services on behalf of the volunteer ministry.

I agree that I have read and understand the above acknowledgements and agreements and recognize all the above as conditions of the volunteer ministry.

Date \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

**OFFICE USE ONLY**

Application Received Date: \_\_\_\_\_

CPP Training Date: \_\_\_\_\_

Approved:  Level 3 (Youth)

CPP Expiration Date: \_\_\_\_\_

Not Approved  
Comments ...

Date: \_\_\_\_\_ Reviewer: \_\_\_\_\_