

**FAITH COVENANT CHURCH
CHILD & ADOLESCENT PROTECTION PROGRAM
STUDENT HELPER APPLICATION**

We thank you for voluntarily filling out this form, which is designed for all student helpers who assist and interact with children and youth in all areas of life and ministry at Faith Covenant Church. Please keep in mind that receipt of this form by Faith Covenant Church does not constitute a commitment to the applicant.

BASIC INFORMATION (PLEASE PRINT)

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
STREET / CITY / STATE / ZIP

TELEPHONE (_____) _____ EMAIL _____
IF NECESSARY TO CONTACT YOU ABOUT THIS APPLICATION

Date of Birth _____

HAVE YOU ATTENDED ANY OTHER CHURCHES IN THE PAST FIVE YEARS? Yes No

PLEASE LIST COMPLETE ADDRESSES FOR TWO ADULT, NON-RELATED PERSONAL REFERENCES:

Reference #1		
PLEASE PRINT: NAME	COMPLETE ADDRESS	TELEPHONE NUMBER
For Office Use: Reference Requested – Date _____ Reference Received – Initials/Date _____		

Reference #2		
PLEASE PRINT: NAME	COMPLETE ADDRESS	TELEPHONE NUMBER
For Office Use: Reference Requested – Date _____ Reference Received – Initials/Date _____		

_____ I have received a copy of, carefully read, understand, and will abide by the Faith Covenant Church Child & Adolescent Protection Policy and Student Guidelines.

<p>I certify that the above information and statements are true and complete to the best of my knowledge. I understand that any misstatement or material omission from this application may result in my disqualification from consideration for a position and may be the basis for termination of my services. I authorize the organization to contact any person or entity listed on the Student Helper Application form, and I further authorize any such person or entity to provide the organization with information, opinions, and impressions relating to my background or qualifications. I voluntarily release the organization and any such person or entity listed on the Student Helper Application form from liability involving the communication of information relating to my background or qualifications. I further authorize the organization to conduct a criminal background investigation if such a check is deemed necessary. I have carefully read the policy and procedures of the organization, and I agree to abide by them and to protect the health and safety of the children or youth assigned to my care at all times.</p>	
SIGNATURE _____	DATE _____

SIGNATURE OF PARENT/GUARDIAN IF VOLUNTEER IS UNDER 18 YEARS OF AGE **DATE**

PASTOR SIGNATURE **DATE**