

**FAITH COVENANT CHURCH
CHILD & ADOLESCENT PROTECTION PROGRAM
CHILD CARE/YOUTH WORKER APPLICATION**

We thank you for voluntarily filling out this form, which is designed for all persons, volunteer or paid, who teach, supervise 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 _____ SS# _____ / _____ / _____

Driver License # _____ Has your driver license ever been suspended? Yes No If yes, explain:

Have you ever used a surname other than indicated? Yes No If yes, state name and explain: _____

PLEASE NOTE: ANSWERING *YES* TO ANY OF THE QUESTIONS BELOW 1) MAY NECESSITATE A DISCUSSION WITH THE SENIOR PASTOR AND 2) MAY NOT NECESSARILY PRECLUDE YOUR INVOLVEMENT IN THE MINISTRY AT FAITH COVENANT CHURCH.

HAVE YOU AT ANY TIME EVER:

- Been Convicted of, or pleaded guilty or no contest to, any crime?Yes No
- Engaged in, or been accused of, any child molestation, exploitation or abuse?.....Yes No

ARE YOU AWARE OF:

- Having any traits or tendencies that could pose any threat to children, youth or others?.....Yes No
- Any reason (including your own childhood experiences) why you should not work with children, youth or others?Yes No

If the answer to any of these questions is "yes", please explain in detail: _____

WHAT CHURCH OR CHURCHES HAVE YOU ATTENDED IN THE PAST FIVE YEARS?

Church Name	City, State	Years Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

	Reference #1	Reference #2	Reference #3
NAME			
ADDRESS			
CITY/STATE/ZIP			
TELEPHONE			
FOR OFFICE USE REFERENCES	SENT / RECEIVED	SENT / RECEIVED	SENT / RECEIVED
DATE			
INITIALS			

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

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 Children's/Youth Worker 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 Children's/Youth Worker 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 or supervision at all times.

SIGNATURE _____ DATE _____

PASTOR SIGNATURE _____ DATE _____