## Primary Screening Form For Children's Workers or Youth Workers Confidential

Applicants for any position (volunteer or compensated) involving the supervision or custody of minors may be asked to complete this application. This is not an employment application form. Persons seeking a position in the church as a paid employee will be required to complete an employment application in addition to this screening form. This form will be used to help provide a safe and secure environment for those children and youth who participate in our programs and use our facilities.

	<b>Personal</b>		
Date:			
Name:			
Last	First	Midd	le
Present Address:			
Street	City	State	Zip
Home Phone	Cell Phone		
Please indicate the type of youth of	or children's work you prefer:		
Please indicate the date you would	d be available to begin:		
What is the minimum length of co	ommitment you can make?		
Have you ever been convicted or Yes (if yes, please explain	pleaded guilty to a crime? n - attach a separate page, if necessary	y)	
No			
Were you a victim of abuse or mo Yes No	plestation while a minor?		
	nswer this question, or you may discu on this form. Answering yes, or leaving on or youth work.		
Do you have a current driver's lic  Yes If yes, please list you No	eense? ur driver's license number		

## References

<u>Volunteer/Employment History</u>: Please give accurate, complete full-time and part-time volunteer record. Please give accurate, complete full-time and part-time employment record ONLY FOR THOSE PLACES OF EMPLOYMENT WHERE YOU WORKED WITH CHILDREN OR YOUTH. Start with your present or most recent volunteer location or employer.

Company Name	 Telephone		
Address	Dates worked	(state month/year)	
Name of Supervisor	 		
Describe your work			
Volunteer or Employment	Reason for leav	Reason for leaving (if applicable)	
Company Name	 Telephone		
Address	 Dates worked	(state month/year)	
Name of Supervisor			
Describe your work			
Volunteer or Employment	Reason for leav	ing (if applicable)	
Company Name	 Telephone		
Address	 Dates worked	(state month/year)	
Name of Supervisor	 		
Describe your work	 		
Volunteer or Employment	Reason for leaving (if applicable)		
Company Name	Telephone		
Address	 Dates worked	(state month/year)	
Name of Supervisor			
Describe your work			
Volunteer or Employment	 Reason for leav	ing (if applicable)	

## **Church History and Prior Children or Youth Work**

Name of church of which you are a member:				
List names and addresses of other churches you have attended regularly during the past five years:				
List all previous church work involving children or youth if not already listed under references. (List each organization's name and address, type of work performed, and dates.)				
List all previous non-church work involving children or youth if not already listed under references. (List each organization's name and address, type of work performed, and dates.)				
List any gifts, callings, training, education, or other factors that have prepared you for children or youth work:				

The following policy excerpts reflect our commitment to provide protective care of all children, youth, and volunteers who participate in church sponsored activities.

- 1. Adults who have been convicted of either child sexual or physical abuse should not volunteer service in any church sponsored activity or program for children or youth.
- 2. Adult survivors of childhood sexual or physical abuse need the love and acceptance of this church family. Individuals who have such a history should discuss their desire to work with children or youth with one of the pastoral staff prior to engaging in any volunteer service.
- 3. All adult volunteers working with youth or children are required to have regularly attended a church for a minimum of six months.
- 4. Two adults should be present at every church activity involving children or youth whenever possible. An appropriate church leader may make random visits when only one adult is supervising an activity.
- 5. Adult volunteers should immediately report any behaviors which seem abusive or inappropriate to their supervisor.

## **Applicant's Statement**

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for children or youth work. In consideration of the receipt and evaluation of this application by North Avenue Church of God, 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 for 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.

Should my application be accepted, I agree to be bound by the Bylaws and policies of North Avenue Church of God, and to refrain from unscriptural conduct in the performance of my services on behalf of the church.

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 agreement, which I have read and understand.

Applicant's Signature:	
Applicant's Name (print):	
Date:	