

Youth Safety Application

This application is for youth **13 through 18 years of age**. This is not an employment application form. The purpose of this application is to assist in the creation of a safe and nurturing environment for children who participate in children's programs or use Church facilities.

Name _____ Date _____
First Middle Last

Address _____

Youth's Email _____

Parent's Email _____

Male _____ Female _____ Date of Birth ____/____/____ Current School Grade _____

Current School _____

Youth's Cell _____ Parent's Cell _____

Y N Are you a member?

Y N Are you a regular participant in Church programs?
If so, how long? _____

Please indicate the type of children's work you prefer (can check more than one):

Age Group/Area: Nursery/Toddler _____ Preschool _____ Elementary _____

What times are you interested in serving (can check more than one):

Sunday Morning _____ Sunday Night _____ VBS _____ Special Events _____

How often can you serve?

1x month _____ 2x month _____ Weekly _____ Daily (VBS only) _____

If you are serving at VBS, please list any days you will NOT be able to serve so we may be prepared to fill your position: _____

List any previous paid or volunteer work involving children.

Ministry/Organization _____
Address _____
Dates _____
Description _____

Ministry/Organization _____
Address _____
Dates _____
Description _____

Why do you want to work with children or students?

List any gifts, callings, talents, training, or experiences that have equipped you to work with children.

If you have a preference concerning the age group or gender of children with whom you would like to work, please explain the basis for your preference.

Are you willing to follow policies concerning appropriate interaction with children? Y N

In your own opinion, do you have the maturity to interact in an appropriate manner with children? Y N

If you have worked or volunteered with children in the past, how would past supervisors describe your interaction with children?

What are your hobbies or recreational activities?

Please list the name and location of any other church you have regularly attended in the past five years.

REFERENCES

Please provide two adult references. Include one work or volunteer references (if available), one personal reference. Give complete mailing addresses, including zip codes and email addresses, as well as a telephone number.

REFERENCE ONE- *DO NOT LEAVE ANY BLANKS*

Name: _____ Relationship: _____

Address: _____

Email: _____ Phone: _____

REFERENCE TWO- *DO NOT LEAVE ANY BLANKS*

Name: _____ Relationship: _____

Address: _____

Email: _____ Phone: _____

RELEASE

VOLUNTEER SIGNATURE

I authorize ___ Church to contact all individuals, organizations and references listed on this **Youth Safety Application** to verify the information I have provided. As well, I specifically authorize ___ Church representatives to speak with any organization where I have been employed or volunteered in the past related to work with children or vulnerable adults. I agree to release from liability any person or organization providing information concerning me, including those persons I have listed as references, as well as contact persons from my previous volunteer or paid work.

I certify that the answers provided above are accurate to the best of my knowledge and belief.

Youth Signature _____ Date _____

Youth's Full Name (please print) _____

PARENT SIGNATURE

As a parent, I agree to facilitate communication between my teen and his/her ministry supervisor by forwarding any communication from the ministry supervisor to my child. I understand my teen is applying for a leadership role, and I agree to help him/her prioritize this ministry commitment and facilitate communication to the ministry supervisor if my teen is unable to serve for any reason.

I have reviewed this application with my child, and I believe all the information provided is true, correct, and complete. I agree to release from liability any person or organization providing information concerning my child, including those persons listed as references or who speak on behalf of organizations where my child has been employed or volunteered related to work with *children or vulnerable adults*.

I am unaware of any fact or circumstance involving my child that would call into question the wisdom of entrusting my child with the supervision, guidance, or care of other children. To my knowledge, my child has never physically or sexually abused another child.

Parent Signature _____ Date _____

Parent's Full Name (please print) _____