

APPLICATION AND SCREENING FORM  
FOR CHILDREN OR YOUTH MINISTRY WORKERS

**CONFIDENTIAL**

Cadillac Christian Reformed Church

This application is to be completed by all applicants for any position (volunteer or compensated) that involves the supervision, care, or instruction of children and youth. This form is being used to help the church provide a safe and secure environment for those children and youth who participate in our programs and use our facilities. 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.

**A. Personal Data**

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

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

Present address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Do you have a current driver's license? \_\_\_\_\_ If no, please explain. \_\_\_\_\_

\_\_\_\_\_  
(Identity may be confirmed with a state driver's license or other photo identification.)

**B. Position Applying for:**

Why do you want to work with children or youth ministries in our church? \_\_\_\_\_

\_\_\_\_\_  
Please indicate the type of youth or children's work you prefer: \_\_\_\_\_

\_\_\_\_\_  
Please indicate the date you would be available to begin: \_\_\_\_\_

What is the minimum length of commitment you can make? \_\_\_\_\_

**C. History and Prior Children/Youth's Work in a Nonprofit Setting**

Name of church of which you are a member: \_\_\_\_\_

List the name, location, and phone number of other churches you have attended regularly during the past five years. \_\_\_\_\_

\_\_\_\_\_

List all previous church work involving youth (list the church's name, the type of work performed, and the dates) \_\_\_\_\_

\_\_\_\_\_

List all previous non-church work involving youth (list each organization's name, location, phone number, the type of work performed, and the dates) \_\_\_\_\_

\_\_\_\_\_

What methods of discipline might you use in your position with children and youth? \_\_\_\_\_

\_\_\_\_\_

List any gifts, training, or other factors that have prepared you for children and/or youth work: \_\_\_\_\_

\_\_\_\_\_

Describe how you best like to be supervised. \_\_\_\_\_

\_\_\_\_\_

#### **D. Background Information**

Have you ever been convicted of or pleaded guilty or no contest to charges of child abuse or neglect?

Yes \_\_\_\_ No \_\_\_\_

Have you ever been dismissed or terminated from a volunteer or paid position for charges of child abuse or neglect? Yes \_\_\_\_ No \_\_\_\_

Have you ever been convicted of or pleaded guilty or no contest to a misdemeanor or a felony?

Yes \_\_\_\_ No \_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**E. Personal References** (not former employers or relatives)

Name \_\_\_\_\_  
Last first

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_  
Last first

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_  
Last first

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

## Applicant's Statement

The information contained in this application is correct to the best of my knowledge.

Upon consideration of this application, I release any individual, this church or church official, employer, reference or other organization from any and all liability for damages of whatever kind or nature, which may at any time result to me, my heirs, or family on account of compliance or any attempt to comply with this authorization.

I authorize the listed references, churches, or organizations to give you any information (including opinions) they have regarding my character and fitness for child or youth work. I waive any right I may have to inspect any information provided about me by any person identified in this application.

Should my application be accepted, I agree to be bound by the Bylaws and policies of the Cadillac Christian Reformed Church and to refrain from unscriptural conduct in the performances of my services on behalf of the church.

I have received and read the *Safe Church: An Abuse Prevention Plan of the Cadillac Christian Reformed Church* document.    Yes\_\_\_\_ No\_\_\_\_

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

I attest to my eligibility to transport children or youth according to the requirements of Section VIII of this Safe Church Plan and pledge to inform the ministry leader/supervisor in the event that I am no longer eligible to do so.

Applicant's Signature: \_\_\_\_\_\*

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

\*Please note that ineligibility to transport will still make you eligible for consideration for the position you are applying for unless transporting is a requirement of the position.

Return this completed application to the church office or to the supervisor/director of the ministry to which you are currently applying.

## **Criminal Records Check Authorization**

I hereby allow the Cadillac Christian Reformed Church to perform local, state, or national online criminal records searches based on my identity information as fully disclosed below.

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Signature

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Printed Name

---

Print maiden name if applicable

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Print all aliases

---

Date of birth

---

Place of birth

---

Social Security Number (Optional\*\*)

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Driver's License Number (Optional\*\*)

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Today's date

\*\*This information may be requested later if it becomes necessary for determining identity in a records check.

Return this Criminal Records Check Authorization in a sealed envelope to the church office or the church secretary's mailbox.

5/10 Revision, 12/15 Revision