

APPLICATION FOR CHILDREN'S, YOUTH AND SPECIAL NEEDS MINISTRY WORKERS

~ CONFIDENTIAL ~

This application is to be completed by all applicants for any position involving the supervision or custody of minors or special needs adults. This is not an employment application form. Persons seeking a position in the church as a paid employee will be required to complete an application in addition to this screening form. It is being used to help the church provide a safe and secure environment for those children, youth and special needs adults who participate in our programs and use our facilities.

GENERAL INFORMATION

Name _____ Spouse's Name _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____

BACKGROUND INFORMATION

Do you regularly attend our Worship Services? Yes No If yes, since when: Month _____ Year _____

Do you regularly attend adult Sunday School? Yes No If yes, since when: Month _____ Year _____

In what church activities are you presently involved?

In what areas of church ministry are you currently serving?

Have you personally accepted Jesus Christ as your Lord and Savior and are you committed to having the character of Jesus live through you? Yes No

Tell us about your spiritual journey to date:

I have chosen to work with children/youth/special needs adults at Harvest Church because...

If there has been alcohol abuse, drug abuse, physical or sexual abuse in your family background, what steps have you taken to minimize the impact that those issues may create for you, both now and in the future?

REFERENCES

List three (3) people you have know for at least (1) year, who are not related to you and have a definite knowledge of your character and ability to work with people.

1. Church Staff, Small Group or Ministry Leader

Name	Nature of Association		
Occupation	Length of Time Known		
Address	City	State	Zip
Home Phone	Work Phone		

2. Employer, Work-Related Acquaintance, Former Teacher or Ministry Co-Worker

Name	Nature of Association		
Occupation	Length of Time Known		
Address	City	State	Zip
Home Phone	Work Phone		

3. Social Friend or Neighbor

Name	Nature of Association		
Occupation	Length of Time Known		
Address	City	State	Zip
Home Phone	Work Phone		

PREVIOUS ADDRESS

If you have lived at your current address for less than seven (7) years, provide information on all addresses during that period.

Address	City	State	Zip
From: _____ / _____ / _____	to _____ / _____ / _____		

Address	City	State	Zip
From: _____ / _____ / _____	to _____ / _____ / _____		

EMPLOYMENT HISTORY

Present Employer Supervisor
Address City State Zip
Position(s) held Full-Time Part-Time
Employment dates: Starting: ____ / ____ / ____

If you have been employed at this position for less than two (2) years, provide information on your previous employment below.

Previous Employer Supervisor
Address City State Zip
Position(s) held Full-Time Part-Time
Employment dates: Starting: ____ / ____ / ____ Ending: ____ / ____ / ____

MILITARY SERVICE

Branch Enlist Date ____ / ____ / ____ Discharge Date ____ / ____ / ____

PERSONAL SITUATIONS

Are you... Single Married Widowed Divorced Separated
Do you have children of your own? Yes No

Have you ever been arrested, convicted or pleaded guilty to a crime? Yes No If yes, please explain.

Have you ever been accused, charged, or alleged to have, or have you ever committed any act of neglecting, abusing or molesting any child, youth or special needs adult? Yes No If yes, please explain.

Do you have a history of any contagious disease, health issue or emotional illness that would currently place minors, special needs adults, other workers or you at risk? Yes No If yes, please explain.

Have you ever been concerned that you may have an addiction to drugs, alcohol, pornography or any other addiction; or has anyone

ever suggested that you may have a problem with any of the above? Yes No

If yes, please explain.

Is there any circumstance or pattern in your life which would make it inappropriate for you to serve with minors or special needs adults, or would compromise the integrity of Harvest Church? Yes No If yes, please explain.

CHURCH HISTORY AND PRIOR YOUTH WORK

Are you a member of Harvest Church? Yes No

If no, name of church of which you are a member or affiliated:

List name and address of other church(es) you have attended regularly during the past five (5) years:

List all previous church work involving children/youth/special needs adults (list each church's name and address, type of work performed and dates). Use additional sheet, if necessary:

List all previous non-church work involving children/youth/special needs adults (list each organization's name and address, type of work performed and dates). Use additional sheet, if necessary:

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 have regarding my character and fitness for work with children, youth or special needs adults. I hereby release Harvest Church and its officers, employees, volunteers, and other agents from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family resulting from Harvest Church's investigation of and action upon this application. I reserve the right to meet with the Senior Pastor to discuss information gathered in response to my application, either from persons or organizations, whether or not previously identified by me as potential sources of information.

I have received and reviewed a copy of the Protection Plan for Ministry to Children, Youth and Special Needs Adults and agree to abide by it. I understand that if I have questions, I should contact the Senior Pastor.

Should my application be accepted, I agree to refrain from unscriptural conduct (as outlined in the Christian Education Workers Covenant) 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 SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand.

Applicant's Signature

Date

Witness

Date

REQUEST FOR CRIMINAL RECORDS CHECK AND AUTHORIZATION

I hereby request and authorize the release of any information which pertains to any record of convictions contained in law enforcement files or in any criminal file maintained on me whether local, state, or national. I hereby release local, state, and national law enforcement agencies from any and all liability resulting from such disclosure.

Signature

Date

Print Name

Print Maiden Name (if applicable)

Print All Aliases

Date of Birth ____ / ____ / ____ Place of Birth

* Driver's License Number and State

Social Security Number

* Identity must be confirmed with a state driver's license or other photographic identification.
~ a copy of this ED should be attached to this application form ~

OFFICE USE ONLY

Entered

References

Interview

Confirmation

Denied because: