

SAMPLE CHILDREN/YOUTH MINISTRY VOLUNTEER APPLICATION

Name: _____

Daytime telephone: _____

Address: _____

In which children's/youth program(s) do you want to become involved? _____

What skills would you bring to the children's/youth program? _____

WHAT OTHER CHILDREN'S/YOUTH WORK EXPERIENCE DO YOU HAVE? (Please list)

Organization	Program	Dates	Contact
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HAVE YOU AT ANY TIME EVER:

- Been convicted of, or pleaded guilty or no contest to, any crime? Yes No
- Participated in, or been accused, convicted, or pleaded guilty or no contest to abuse or any sexual misconduct? 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 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: _____

(Please attach additional pages if more space is needed)

This sample form is not intended to be used for an employee or an applicant for employment, as you may not be able to ask some of the questions in your state. Check with your local attorney.

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SAMPLE CHILDREN/YOUTH MINISTRY VOLUNTEER APPLICATION

CHURCH ACTIVITY

What church or churches have you attended in the past five years?

Church name: _____

Pastor's name: _____ Years attended: _____

Church name: _____

Pastor's name: _____ Years attended: _____

Church name: _____

Pastor's name: _____ Years attended: _____

SUPPLY AT LEAST TWO INDEPENDENT REFERENCES

(Not relatives. Past ministry leaders or former employees preferred.)

Name: _____

Relationship: _____ Address: _____

Phone: _____

Name: _____

Relationship: _____ Address: _____

Phone: _____

Name: _____

Relationship: _____ Address: _____

Phone: _____

CHILDREN'S/YOUTH WORK VERIFICATION AND RELEASE

I (Applicant's Name) _____ recognize that (name of organization) is relying on the accuracy of the information I provide on the Children/Youth Ministry Volunteer Application form. Accordingly, I attest and affirm that the information I have provided is absolutely true and correct.

I authorize the organization to contact any person or entity listed on the Children/Youth Ministry Volunteer 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/Youth Ministry Volunteer Application form from liability involving the communication of information relating to my background or qualifications.

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.

Printed name: _____

Signature: _____ Date: _____

(Please read this document carefully before you sign it.)

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SAMPLE CHILDREN/YOUTH MINISTRY VOLUNTEER APPLICATION

MINOR APPLICANTS

Parental Affirmation and Consent

I, (print name) _____ affirm that I am the parent/legal guardian of the applicant. I recognize that (name of organization) is relying on the accuracy of the information provided. To the best of my knowledge, I affirm and attest that the information provided is true and correct. I further attest and affirm that I am aware of no traits or tendencies of (applicant's name) _____ that could pose any threat to children, youth, or others.

Printed name: _____

Signature: _____ Date: _____

REFERENCE RESPONSE INFORMATION

To: _____
Name of Ministry

From: _____
Address

Subject: _____
Name of Worker Candidate

The individual named above has expressed an interest in working with children or youth in our ministry. The candidate has listed you as a reference. In order for our organization to properly evaluate the qualifications of this worker candidate, we are asking you to complete this form with your honest opinions and impressions of the candidate.

Please return the completed form to our organization in the enclosed envelope. Thank you for your assistance.

1. How long have you known the ministry worker candidate? _____

2. In what capacity have you come to know this individual? (i.e. coworker, neighbor, friend, etc.) _____

3. In your opinion, is the above worker candidate fully qualified to work with children and youth?

Yes No (If no, please explain) _____

4. What concerns, if any, would you have in allowing this individual to work with children or youth? _____

5. Are you aware of anything in the candidate's background, personality, or behavior that could in any way pose a threat to children or youth?

Yes No (If no, please explain) _____

Additional comments or explanations:

The above information is true and correct to the best of my knowledge.

Signature: _____ Date: _____
Name of church, individual

Please return this form at your earliest convenience to: (name of church, individual)

Thank you.

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M131 (12/06)



MY MINISTRY
EMPLOYMENT APPLICATION

MY Ministry is a religious organization that does not discriminate against applicants for employment on the basis of race, age, sex, national origin, disability, veteran’s status, or marital status.

The **Ministry** reserves the right to discriminate on the basis of religion to the full extent permitted by law. This application will be current for thirty (30) days only. If the **Ministry** contacts you at the end of thirty (30) days, you must fill out a new application in order to be hired.

PLEASE TYPE OR PRINT YOUR ANSWERS TO THE FOLLOWING QUESTIONS. PLEASE ANSWER ALL QUESTIONS - AN INCOMPLETE AND/OR ILLEGIBLE APPLICATION WILL NOT BE CONSIDERED.

Date _____ Position Requested _____

Full Legal Name _____
Last First Middle

Other Names Used _____

Current Address _____

City _____ State _____ Zip Code _____

Telephone _____ Social Security No. _____

IF AT THE ABOVE ADDRESS LESS THAN FIVE YEARS, PLEASE LIST PREVIOUS ADDRESS.

Street Address _____

City _____ State _____ Zip Code _____

Please list all other cities and states in which you have lived as an adult:

EMPLOYMENT HISTORY (List present or most recent employer first. If more space is needed, add additional pages.)

COMPANY	SALARY		DATES	
	START	FINISH	FROM	TO
ADDRESS				
POSITION		SUPERVISOR		PHONE
DUTIES		REASON FOR LEAVING		
COMPANY	SALARY		DATES	
	START	FINISH	FROM	TO
ADDRESS				
POSITION		SUPERVISOR		PHONE
DUTIES		REASON FOR LEAVING		

COMPANY		SALARY		SALARY	
		START	FINISH	FROM	TO
ADDRESS					
POSITION	SUPERVISOR		PHONE		
DUTIES		REASON FOR LEAVING			
COMPANY		SALARY		DATES	
		START	FINISH	FROM	TO
ADDRESS					
POSITION	SUPERVISOR		PHONE		
DUTIES		REASON FOR LEAVING			

EDUCATION (List most recent educational experience first)

EDUCATION AND TRAINING LEVELS ARE RELEVANT FOR EMPLOYMENT ONLY TO THE EXTENT ALLOWED BY LAW

NO. OF YEARS	SCHOOL NAME	CITY/STATE	DID YOU GRADUATE?	MAJOR COURSE/DEGREE

BACKGROUND INFORMATION

1. Are you legally eligible for employment in the US? YES NO

*Proof of citizenship or immigration status will be required upon employment.

2. Have you ever been the subject of a civil lawsuit involving sexual misconduct, sexual harassment, sexual abuse or other immoral behavior or conduct, involving adults or children? Have you ever been the subject of an investigation or allegation of sexual misconduct, sexual abuse or sexual harassment involving adults or children?

YES NO If yes, please attach a statement describing the circumstances and relevant facts.

3. Were you a victim of sexual abuse or molestation while a child? (If you prefer, you may refuse to answer this question, or you may discuss your answer in confidence rather than answering on this form. Answering yes, or failing to answer will not automatically disqualify an applicant.)

YES NO

4. Are you over 18 years of age? YES NO

5. Contact for notification in case of emergency _____

6. Phone number and relationship to you _____

7. If hired, when would you be available? _____

8. Are there any days/hours you would not be available to work? _____

9. Have you previously worked for us? (If yes, give dates) _____

10. Do you have any friends or relatives employed by us? (If yes, please list) _____

11. Who referred you to us? _____

12. Do you have any other skills you wish to mention? _____

CHURCH ACTIVITY

Name of church where you are currently a member: _____

If a member of **MY Ministry**, how long have you been attending? _____

List other churches you have attended over the past five years:

Church Name	Phone Number	Contact Person	Years Attended

List previous work (church and non-church) involving children or youth:

Organization	Phone Number	Contact Person	Type of Work

REFERENCES (Please include complete address, city, state, zip code)

*** One reference must be a person of the opposite sex, one a family member, and the rest non-family members.**

PERSONAL

Name	Address			
City	State	Zip	email	phone

PROFESSIONAL/CIVIC

Name	Address			
City	State	Zip	email	phone

FAMILY MEMBER

Name	Address			
City	State	Zip	email	phone

LEGAL HISTORY

For any “yes” answers, please attach a detailed explanation in writing.

An affirmative answer does not necessarily disqualify an applicant from employment.

- Y** **N** Have you ever been convicted of a criminal offense (felony or misdemeanor) involving moral turpitude or violence? (Crimes of moral turpitude involve fraud, theft or dishonesty.) Answer “yes” if you have entered a plea agreement, including a deferred sentence or deferred judgment arrangement in connection with a criminal case. Answering “yes” does not necessarily preclude applicant from employment.
- Y** **N** Have you ever been charged with a sexual offense, offense relating to children, or crime of violence?
- Y** **N** Have you ever reported to any organization or registry for abuse or misconduct involving children?
- Y** **N** Do you have any disciplinary action or investigation pending by an employer, other organization, professional association, or licensing body, for violence, sexual misconduct, or misconduct involving children?
- Y** **N** Have you ever been disciplined or dismissed from any volunteer or employment position for any reason or following an allegation of sexual misconduct, physical aggression, verbal aggression, or other inappropriate behavior or conduct?
- Y** **N** Have you ever been reprimanded, or asked to leave or end your involvement/work in any program or organization providing services to children?
- Y** **N** Have you ever been the subject of a complaint or disciplinary proceeding concerning any professional license or professional affiliation held by you?
- Y** **N** Do you now or have you ever sought out or intentionally viewed child pornography?

APPLICANT STATEMENT
PLEASE READ CAREFULLY BEFORE SIGNING

I hereby authorize you to contact any references or organizations listed in this application and authorize such references or organizations to release any information contained in their files or records concerning me. In consideration of the receipt and evaluation of this application by **MY Ministry**, I **release** **MY Ministry**, all of its agents, and all such references and organizations from any and all liability for any damage that may result from furnishing such information to you. 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, except what may be required by law.

I understand and agree that if I am offered conditional employment with the **Ministry**, my appointment is for no definite period and may, regardless of the date or method of payment of my wages or salary, be terminated by either party at any time without previous notice or cause and is subject to change in wages, conditions, benefits and operating policies.

I agree that if the **Ministry** employs me, in the future a potential employer may contact the **Ministry** or its representatives concerning my work record and my work performance at the **Ministry**.

I hereby consent to and authorize persons employed by the **Ministry** to divulge any and all information they consider relevant to any person representing him or herself to be an employer or potential employer of mine with respect to my work and/or performance of my job at the **Ministry**. This consent specifically includes any information related to any allegation or investigation of child abuse or sexual abuse or molestation in any form.

I agree to a medical examination or inquiry, if requested if I receive a conditional offer of employment, including the analysis for the detection of the use of illegal drugs or controlled substances. I understand that testing positive for drugs or controlled substances could prevent my employment or continued employment by the **Ministry**.

I understand and agree that in the performance of my duties as an employee of the **Ministry**, or after I leave the **Ministry**, that I must hold in confidence any and all information that I come in contact with regarding my employer or its business.

I understand and agree that it is critical to the mission and ministry of **MY Ministry** that all employees conform to the highest standards of safety, interpersonal conduct, and sexual morality. I affirm that I will strictly comply with **MY Ministry's** policies and procedures, including those concerning child safety and protection, sexual abuse and misconduct, and interpersonal relationships. I understand and agree that failure by me to abide by such policies and procedures may result in my immediate dismissal.

My responses above are true and correct. I understand and agree that any false answers or statements made by me on this application or any supplement thereto, or any false statements made to the representative(s) of **MY Ministry** during the interview process will be sufficient grounds for not hiring, or immediately discharging me, no matter when discovered.

I HAVE CAREFULLY READ, UNDERSTAND AND AGREE TO THE FOREGOING "APPLICANT STATEMENT" AND FURTHER UNDERSTAND AND AGREE THAT A COPY OF THIS APPLICATION SHALL BE AS VALID AS THE ORIGINAL.

Applicant Signature _____

Date _____



Applicant Statements and Agreed Code of Conduct

Please initial each of the following statements:

_____ I declare that all statements contained in this application are true and that any misrepresentation or omission is cause for rejection of my application, or dismissal from my employment or ministry involvement.

_____ I understand that **my references and contacts** from prior church or non-church work with children, student, or disabled adults may be contacted and that an appropriate **criminal background check** will be conducted. I authorize investigations of all statements contained in this application and I specifically authorize the church to undertake a criminal background check of my past.

_____ I understand that I must be interviewed and recommended by a member of the _____ Church Screening Committee before I begin my ministry or employment position.

_____ I understand that I can withdraw from the application process at any time.

_____ I understand that _____ Church has a policy of ZERO TOLERANCE FOR ABUSE and takes all allegations of abuse seriously. I further understand that _____ Church cooperates fully with the authorities to investigate all cases of alleged abuse. Abuse of any kind is grounds for immediate dismissal from my employment and possible criminal charges.

_____ I declare that I am not a pedophile or child molester. I have not perpetrated physical abuse, sexual abuse, emotional abuse or neglect against a child, a student or disabled adult, and I have never been accused of these acts.

_____ I understand and agree that false statements and/or omissions regarding past conduct and/or present situations may be grounds for denial of this application for employment, and that refusal to inform _____ Church of the contents of a sealed criminal record will result in the automatic denial of the application.

_____ If employed, I agree to read and abide by all Policies and Procedures provided to me by _____ Church concerning my conduct and behavior toward children, students or disabled adults participating in _____ Church programs.

Signature: _____ Date: _____

For Office Use Only

I have reviewed this application and have noted any missing information.

Screening Committee Member Signature: _____ Date: _____

Volunteer Statements and Agreed Code of Conduct

Please initial each of the following statements:

- _____ I declare that all statements contained in my Safety Application Form are true. I understand that any misrepresentation or omission is cause for dismissal from any ministry involvement.
- _____ I understand that **my references and contacts** from prior church or non-church work with children, student, or disabled adults will be contacted and that an appropriate **criminal background check** will be conducted. I authorize investigations of all statements contained in this application. I specifically authorize the church to undertake a criminal background check of my past.
- _____ I understand that I must be interviewed and recommended by a member of the _____ Church Screening and Selection Committee before I begin service as a volunteer in _____ Church ministries.
- _____ I understand that I can withdraw from the application process at any time.
- _____ I understand that _____ Church has a policy of ZERO TOLERANCE FOR ABUSE and takes all allegations of abuse seriously. I further understand that _____ Church cooperates fully with the authorities to investigate all cases of alleged abuse. Abuse of any kind is grounds for immediate dismissal from my volunteer position and possible criminal charges.
- _____ I declare that I am not a pedophile or child molester. I have not perpetrated physical abuse, sexual abuse, emotional abuse or neglect against a child, student or disabled adult, and I have never been accused of these acts.
- _____ I understand and agree that false statements regarding past conduct and/or present situations may be grounds for denial of this application to provide volunteer services, and that refusal to inform _____ Church of the contents of a sealed criminal record will result in the automatic denial of the application.
- _____ If accepted as a volunteer, I agree to read and abide by all Policies and Procedures provided to me by _____ Church.

Signature: _____ Date: _____

For Office Use Only

I have reviewed this application and have noted any missing information.

Screening Committee Member Signature: _____ Date: _____



Volunteer's Name: _____

REFERENCE FORM FOR VOLUNTEERS

Name	Address	City and State	Zip Code	Telephone
<i>Personal:</i> <i>Email:</i>				
<i>Professional:</i> <i>Email:</i>				
<i>Family Member:</i> <i>Email:</i>				

*References Required: Each applicant must submit the names and phone numbers of at least one professional reference, one personal reference and one family member. Additional professional references may be submitted if deemed helpful by applicant in allowing **MY Ministry** to determine applicant's fitness for volunteer position and qualifications. The professional references should be familiar with the quality of the individual's work. One of these references should be a person of the opposite sex.*



Reference Form (by telephone)

Personal Reference Form for Positions in Ministry Programs

Name of Applicant: _____ Date: _____

Name of Reference: _____

1. How long have you known this applicant? _____

2. What is your relationship to the applicant? _____

3. How would you rate applicant's ability to work with and relate to children?

_____ Above satisfactory _____ Satisfactory _____ Below satisfactory

Can you give me an example of how the applicant relates to children?

4. Do you know if the applicant has worked with children in the past? If so, what type of work or services with children has the applicant provided? (Example: Elementary School 'room parent', little league assistant coach, reading mentor, etc.)

5. We are looking for someone who can stay calm and control frustration even under very frustrating conditions with children. How would you rate the applicant's ability to be patient and calm?

_____ Above satisfactory _____ Satisfactory _____ Below satisfactory

6. Have you known the applicant to use harsh or abusive discipline with a child? Do you know of any reason the applicant would pose a danger to any child? Are you aware of any claim of child abuse or neglect alleged against the applicant?

7. Would you be comfortable placing one of your own children in the care of the applicant? Why or why not?

8. What are the applicant's hobbies and recreational activities?

9. How would you rate the applicant's ability to relate with adults?

_____ Above satisfactory _____ Satisfactory _____ Below satisfactory

Can you give me an example of how the applicant relates with adults?

10. We need a person who can be supportive and understanding to a child or student. How would you rate the applicant's ability to be genuinely supportive and understanding to a person in need?

_____ Above satisfactory _____ Satisfactory _____ Below satisfactory

11. If you can think of a time when the applicant was able to show genuine concern for a person who needed comfort, please tell about that time.

12. Do you have any additional comments or questions?

Signature of Interviewer _____



Safety Application Form for Volunteers and Employees

CONFIDENTIAL

*This application should be completed by all applicants for any position (volunteer or employment) involving the supervision of children or students. This is not an employment application. The purpose of this form is to assist in the creation of a safe environment for children or students who participate in the programs of **MY Ministry** or use **MY Ministry** facilities.*

Name: _____

Address: _____

Phone: _____

Drivers License # _____ Social Security # _____ - _____ - _____

Sex: _____ M _____ F Date of Birth: _____

Marital Status: _____ (*single, married, separated, divorced, widowed, etc.*)

How long have you lived at your current address? _____

Previous address: _____

List all other cities and states where you have lived as an adult:

Date: _____



Please list *all previous volunteer work or employment* involving children or students (List each organization's name and address, type of work, dates, and a **contact person** familiar with your work there. **Use back of this page for more space, if necessary.**)

List any talents, vocations, preparation, training or other experiences that have equipped you to work with children or students:

Please complete a separate reference form providing one professional reference (if applicable), one personal reference, and one family member. References must include one family member and one member of the opposite sex. Please contact these references and inform them an authorized **MY Ministry** staff person will be contacting them. (**See Reference Form for Volunteers** attached. References supplied on an Employment Application may take the place of this form for applicants seeking *employment* with **MY Ministry**.)

Because we care for children and desire to protect them, please answer the following questions. We understand that the answers to these questions may be private and deeply personal, and we will protect your privacy in every possible context. It is the position of **MY Ministry that suspicions or allegations of child abuse or neglect will be reported to relevant state authorities.**

Why do you want to work with children or students at **MY Ministry**?



Do you have a preference concerning the age group or sex of children or students with whom you would like to work? If so, what is the basis for this preference?

What is your philosophy concerning re-direction or discipline of children?

When you are unhappy, angry or emotional about a person or circumstance, what do you do?

Have you experienced any significant physical or emotional stressors within the past year, such as the loss of a parent, spouse, or child, extreme ill health, or any emotional or physical crisis? If so, please briefly explain. (Use back of page if necessary.)

This question, aimed at SITUATIONAL offenses, is optional.

Have you ever physically or sexually abused a child?

Has someone ever accused you of physically or sexually abusing a child, or molesting a child?

Do you consider yourself to have been physically or sexually abused as a child? **Yes/No**
(We realize this information is potentially sensitive, and it will be kept entirely confidential, where another child's safety is not negatively impacted by confidentiality.) If so please explain:



If you answered 'yes' to this question, would you consider counseling or resources (available through the **MY Ministry**) to address any resulting emotional or spiritual harm or damage?

RELEASE

I authorize **MY Ministry** to contact all individuals, organizations and references listed on this **Safety Application Form** in order to verify the information I have provided. I agree to release from liability any person or organization providing information related to me, including those persons I have listed as references, as well as contact persons from my previous volunteer work or employment with children.

I specifically authorize **MY Ministry** to undertake a criminal background check concerning my past.

I understand and agree that any information received from the background check and application verification will not be disclosed to me except as required by law, and I hereby waive any right I may have to inspect any information provided about me by any person or organization identified by me on this form.

By signing this form, I certify and affirm that the information I have given on this form is true, complete and correct in all respects.

Signature: _____ Date: _____