



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 youth. This is not an employment application. The purpose of this form is to assist in the creation of a safe environment for children or youth who participate in the programs of this church or use this church's facilities.

Name: _____

Address: _____

Phone: _____ Email Address: _____

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 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 this church.)

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 this church 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 youth at this church?



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?

This question, aimed at SITUATIONAL offenses, is optional.

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.)

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 this church) to address any resulting emotional or spiritual harm or damage?

RELEASE

I authorize this church 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 this church 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: _____