

**APPENDIX I
CHILD / YOUTH WORKER APPLICATION
First United Methodist Church**

Personal Information:

Full Name: _____

Date of Birth: _____ Social Security Number: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

What Job Are You Applying For? _____

Employment:

Occupation: _____

Employer _____

Current Job Responsibilities: _____

Availability:

Availability to Work? (Check One or More)

Days: _____ Evenings: _____ Weekends: _____

Can You Make a One-Year Commitment? Yes or No

Do You Have Your Own Transportation? Yes or No

Do You Have a Valid Driver's License? Yes or No

If Yes Please Provide Your License Number: _____

Initial here that we have your permission to check and obtain a report of your driving record and to share that information with those persons who will act on this Application?

Yes _____ No _____ Initials _____ Date initialed: _____

Tell us more:

Why Do You Want To Work With Children/Youth? _____

What Gifts, Education, Training, or Interests Do You Have That Would Help You Work With Children/Youth?

What are your views on appropriate ways to discipline?

Confidential Information:

Have you ever been charged with, convicted of, or plead guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, or other crimes of violence, theft or serious motor vehicle violations)? Yes or No

If "Yes" explain:

Have you ever had to deal with a child abuse situation in any way, including being abused, being accused of abuse, knowing someone who was abused, etc.? Yes or No

If Yes, please explain: _____

If Yes, what was your role? _____

Experience:

Previous Experience with Children/youth: _____

Special Interests, Hobbies, Skills: _____

Work History:

<u>Employer's Name, Address, Phone #</u>	<u>From / To</u>	<u>Duties</u>	<u>Last Supervisor</u>	<u>Reason For Leaving</u>

Education:

<u>High School or GED</u>	<u>College or University</u>	<u>Child Development</u>	<u>Additional Education</u>
<u>Year Graduated:</u>	<u>Year Graduated:</u>	<u>Year Graduated:</u>	<u>Year Graduated:</u>

Health:

Do you have any physical limitations which would give you problems in performing this job? Yes or No

If Yes, please explain: _____

References:

Please list three personal references (i.e., people who are not related to you by blood or marriage) and provide a complete address and phone number for each.

Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Relationship to Applicant: _____

Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Relationship to Applicant: _____

Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Relationship to Applicant: _____

Do we have your permission to contact these references as well as anyone else in order to obtain information about you for the purpose of considering you for a position of one who would work with children and / or youth?
_____ Yes No _____

Do we have your permission to share this information with those persons who will participate in acting on this Application? _____ Yes No _____

Affidavit:

I certify that everything in this application is true and correct to the best of my knowledge. I understand that misleading or incorrect statements or consequential omissions may render the application void, or if employed, would be cause for termination. I authorize the individuals or institutions named above to give information regarding my employment, character, and qualification, hereby releasing them from all liability for issuing such information.

Date: _____ Signature of Applicant _____