



Safe Ministries Team
-APPLICATION for CHILDREN'S and YOUTH MINISTRIES-
Confidential - for Safe Ministries Team use only

This application is to be completed by all adult staff and volunteers who seek to work in a position of leadership or supervision of Immanuel's children and/or youth. It is being used to help the church provide a safe and secure environment for the children, youth, staff, and volunteers who participate in our programs. Information on this form will be kept confidential. Disclosure will be as required by law only.

PERSONAL DATA

Legal Name (and middle initial) _____
 Address _____
 City/State/Zip _____
 Telephone Number _____
 Date of Birth _____
 Do you possess a valid driver's license? Yes _____ No _____

PERSONAL REFERENCES (Non-relatives, employers, supervisors, or church coworkers may be included)

Name _____ Relationship to you _____
 Address _____
 City/State/Zip _____
 Telephone Number _____

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 Address _____
 City/State/Zip _____
 Telephone Number _____

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 Address _____
 City/State/Zip _____
 Telephone Number _____

The SMT recognizes that the following questions are sensitive in nature and therefore will respond supportively. Applicants may discuss these questions and answers in confidence with one of the SMT members before answering them on this form.

Have you ever been convicted of, or pleaded guilty or no contest to, any crime?
 Yes _____ No _____

Are you being treated or have you ever been treated for addictions of any kind?
 Yes _____ No _____

Are you aware of any traits or tendencies that could pose any threat to children, youth, or others?
 Yes _____ No _____

If the answer to any of these questions is "yes," please explain in detail: _____

How long have you been a member at Immanuel CRC? _____

Please list (name and city) other churches you have attended regularly prior to Immanuel:

Please list all previous work involving children (identify place/organization and type of work):

Please indicate the type of youth or children’s work you prefer:

PERSONAL TESTIMONY *(Please share a brief testimony about your personal relationship with Jesus Christ and about your understanding of how God would use you in ministry to Immanuel children and youth.)*

We understand that many people experience varying forms of abuse during childhood. We also trust and believe that the Lord desires to bring healing and freedom in these areas of life. If you have experienced any form of abuse, we would be honored to connect you to supportive resources for your healing journey. If you would like to be contacted, please circle “yes.” YES

APPLICANT’S STATEMENT

The information contained in this application is correct to the best of my knowledge. I authorize the listed references or churches listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for work with children and/or youth. I waive any right I may have to inspect any information provided about me by any person identified in this application. Upon consideration of this application, I release any individual, church or church official, employer, reference or 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 SMT to conduct criminal record check(s) on myself. I have carefully read the foregoing release and know the contents thereof, and I sign this release of my own free will. This is a legally binding agreement, which I have read and understood. I have read and understand “Immanuel’s Child Safety and Abuse Prevention Policy” and agree to be bound to it and its “Code of Ethics”.

APPLICANT’S SIGNATURE: _____ **Date:** _____

For SMT use only: *Approved:* Yes No *Date:* _____ *Signed:* _____