

CHILDREN AND YOUTH WORKERS
APPLICATION AND CONSENT FORM

Social Security # (Required) ____ - ____ - ____

Please return form to office in a sealed envelope

This form is to be completed by an applicant for a volunteer position involving the supervision or custody of minors.

Please print

_____ Date of Birth _____
First Name Middle Name Last Name

Maiden Name Previous Married Name(s)

Date: _____

Physical Address **(Required)**: _____

Home Phone: _____

Do you have any physical limitations that would prevent you from performing physical activities (such as lifting toddlers or running short distances in an emergency?) If yes, please explain.

_____ Yes _____ No

Do you suffer from any contagious or infectious disease or condition that could be transmitted to others? If yes, please explain.

_____ Yes _____ No

Have you ever been charge or convicted of domestic violence, child pornography, child abuse, child molestation or any other crime? If yes, please explain.

_____ Yes _____ No

CHURCH ACTIVITY

Please Print

Name (first, middle initial, last):

Type of work with children or youth you are considering: _____

Date you would like to begin: _____

Minimum length of your commitment: _____

Describe how and when you became a Christian: _____

Are you a member of North Mason Bible Church? _____ Yes _____ No

Have you read and agree with the Constitution of North Mason Bible Church?

_____ Yes _____ No

Are you willing to teach and live according to the beliefs of this church, and to regularly attend church services?

_____ Yes _____ No

Are you willing to accept the guidance and decisions of church leaders?

_____ Yes _____ No

Please list other churches attended during the past five years:

Church Name

City and State

Please list church volunteer work with children or youth in the last five years:

Church

Type of work

Person overseeing that ministry

APPLICANT'S STATEMENT

The information in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to release any information they may have regarding my character and fitness to work with children or youth, and I release all such references from liability for any damage that may result from furnishing such information.

I understand that if I work in a volunteer capacity, and should my actions be considered inappropriate by the Board of Elders, they shall be entitled to terminate my volunteer service, without expressed cause or prior notice, regardless of any oral or written statements by the church prior to, at, or following the date of commencement of volunteer service.

I have read, understand, and agree to abide by North Mason Bible Church's Child Abuse Prevention Policy titled "Protecting Our Children."

Applicant's Signature: _____ Date: _____

Printed Name: _____ Home Phone: _____

Witness' Signature: _____ Date: _____

Printed Name: _____ Home Phone: _____

If under eighteen years of age:

Guardian's Signature: _____ Date: _____

Printed Name: _____ Home Phone: _____