

FAITH LUTHERAN CHURCH
Child and Youth Protection Procedure **Adult Application**

Thank you for your interest in working with the young people of Faith Lutheran Church. Your involvement with the young people at Faith Lutheran is very important and vital to a successful child and youth ministry. This form will help us get to know you better so together we will be able to give our children and youth the best possible experience in their faith journey, now and throughout their entire lives. We hope and pray that God will lead and guide us in our ministry together. Thank you for your participation.

Name: _____ Date of Birth (mm/dd/yyyy) _____

Home Address: _____

Home Phone: _____ Work/Cell Phone: _____ E-mail: _____

Previous addresses last 5 years: _____ (From _____ to _____)

_____ (From _____ to _____)

Place of Employment: _____

Previous Places of Employment: _____ (From _____ to _____)

Spouse's Name: _____ Spouse's Employer: _____

Emergency Contact Name (other than spouse): _____

Phone Number(s) for Emergency Contact: _____

Are you a member of Faith Lutheran? _____ If not, what church do you attend? _____

Please describe briefly any church involvement over the past few years. _____

Do you belong to any organizations, groups, or clubs within the community? Please list:

Please list all present or previous work, either paid or volunteer, involving children/youth. Identify the institution and type of work. Also indicate if you have any medical-related training (CPR, lifeguard, first aid, EMT, etc.)?

Please list any gifts, training, education, interests, hobbies, etc. that relate to your interest in child/youth ministry.

In general, with what age children/youth do you prefer working? _____

Are there any physical conditions that would limit your activities? _____ If yes, please explain: _____

Is there any circumstance in your background which would call into question your being entrusted with the supervision, care, or guidance of children/youth? _____ If yes, please explain: _____

Have you ever been convicted of a felony? _____ Do you use controlled substances? _____

Please provide names, addresses, and phone numbers of three members of Faith Congregation who are not related to you. These references should be able to describe you in a way that is relevant to your involvement in child and youth ministries at Faith Lutheran Church.

By signing below, I certify that:

- ...All information I have provided in the process of submitting my volunteer application is true and correct to the best of my knowledge.
- ...I voluntarily and knowingly authorize any person named herein as a contact to give Faith Lutheran any information they may have regarding my character and fitness for working with children and youth.
- ...I voluntarily and knowingly fully release and discharge all such contacts from liability for information provided.
- ...I have read and understand the information contained in the Faith Lutheran Church's Policy to Ensure the Proper Conduct of Ministry to Children and Youth, and I agree to comply with the said policies and procedures.
- ...I **consent to Faith Lutheran Church verifying my public information (do a background check) such as the SSN Verification, National Criminal Database Search and National Sex Offender Search as needed.**

Signature _____ Soc. Sec. # _____ Date _____
(May be typed for electronic transmission) (Will be kept confidential)

Signature of reviewing staff person _____ Date _____

Approved

Denied (attach documentation)