**Confidential**

**Child/Youth Worker Volunteer Application**

**Liberty Church, PCA**

**Note to Applicants** Our members have entrusted to our care a very valuable item, their children. In an effort to maintain their trust and to be good servants, and thus provide optimum safety for our children and youth, we require the following:

**That each volunteer be a member or regular attendee of Liberty Church, PCA for a minimum of six months, complete this questionnaire, be interviewed by the appropriate committee and approved by the session of Liberty Church.**

**Personal Information**

Name: Date:

Address:

Home phone:

Cell:

Email:

male female

Birthday:

School/College

Year at School:

Employer:

Work phone number:

Supervisor:

Have you ever been incarcerated?

Are you currently under a charge or have ever been convicted of or pled guilty to child abuse or a crime involving actual or attempted sexual misconduct or sexual molestation of a minor?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recognizing that we are redeemed sinners, are you presently living a lifestyle according to the teachings of Christ and in accordance to God’s Word? If no, please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you will be driving (cars) youth under the age of 18, please fill in the **Driver Screening Form**.

**Church Activity**

Are you a member of Liberty? Yes No Date joined

If regular attendee, list length of time attending

List (Name & Address) of other churches you have attended regularly in the past five years:

Please list any previous volunteer experience with children or youth:

Organization Title Key responsibilities Supervisor

What gifts or interests would you like to contribute?

**Personal References**

Please have at least two people who are not related to you fill out the attached form and return.

**Children’s/Youth Work Verification and Release**

I recognize that Liberty Church, PCA is relying on the accuracy of the information I provide on the Child/Youth Worker Application. Accordingly, I attest and affirm that the information I have provided is absolutely true and correct.

I authorize Liberty Church, PCA to contact any person or entity listed on the Children’s/Youth Work Application form, and I further authorize any such person or entity to provide the organization with information, opinions, and impressions relating to my background or qualifications.

I voluntarily release the organization and any such person or entity listed on the Children’s/Youth Work Application from liability involving the communication of information relating to my background or qualifications. I further authorize the organization to conduct a criminal background investigation if such a check is deemed necessary.

**Applicant’s signature**  Date:

 (Please read this document carefully before you sign it.)

**Applicant’s printed name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact:

Emergency phone number:

**For office use:**

**Date joined:** (minimum of 6 months)

**Questionnaire completed satisfactorily:** Yes No

**Committee Interview by** Date: **Approved by Committee:** Yes No

**Sessional Approval:** Yes No

**Approved to work with**

**Approved to drive youth under the age of 18:** Yes No

**Comments:**