

ELMHURST Christian Reformed Church

Children/Youth Ministry VOLUNTEER APPLICATION

Thank you for taking the time to let us know about yourself. We want you to know that the following information will be confidential, and only the Ministry Leader and Abuse Response Team will have access to it. This form along with the Child Protection Policy is being used by Elmhurst Christian Reformed Church (ECRC) to provide a safe and secure environment for all children and youth who participate in our programs and use our facilities, and to protect all volunteers and staff who work with the children. Please fill out both sides.

PERSONAL

Full Name _____ Driver's license number _____

Social Security Number _____ Date of Birth _____

Present Address _____
Number Street City State Zip

How long at present address? _____ Telephone Number () _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY Name _____

Address _____

Phone () _____ Relationship _____

YOUR PREFERENCE

Please indicate the type of youth or children's work you prefer and why? _____

Please indicate the date you would be available: _____

What is the minimum length of commitment you can make? _____

PREVIOUS EXPERIENCE

Please list other churches you have attended during the past five years, if any: _____

Please list all previous work involving youth, including organization it was with: _____

List any talents, training, education, or other factors that have prepared you for children and youth work

Have you ever been convicted of a crime other than an ordinary traffic violation? No Yes If yes,

describe in full _____

PERSONAL REFERENCES

Non-relatives, supervisors, church co-workers or friend may be included

Reference #1

Name _____

Nature of Association _____

Address _____

Phone or email _____

Reference #2

Name _____

Nature of Association _____

Address _____

Phone or email _____

Reference #3

Name _____

Nature of Association _____

Address _____

Phone or email _____

I have been to the training of workers with youth and children or watched the abuse response video on www.elmhurstcrc.org – Abuse Response Training Video

The information contained in this screening form is correct to the best of my knowledge. I authorize the listed references to give you information (including opinions) they have regarding my character and fitness for youth work. I also authorize ECRC to obtain a criminal background check on me. I waive any right I may have to inspect any information provided about me to any person identified in this screening form.

Upon consideration of this screening form, 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 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.

Signature (name) _____ Date _____

TELEPHONE REFERENCE CHECK

To be completed by screening committee

Reference

Screener Name _____ Date _____

How long have you known this person? _____

Have you ever observed this person interact with children? _____ Please describe _____

How would you describe this person's ability to follow through on his/her commitments? _____

Do you have personal knowledge or have you ever heard of this person having any problems with the abuse of drugs, alcohol, sexually inappropriate behavior, or anything else? _____

Can you recommend that this person be in a position of caring for children without any concern, reservations, or hesitation? ____ Yes ____ No

Is there any additional information that you think is important for our church to know about this person?

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