

APPLICATION FOR CHILDREN OR YOUTH WORK

Grace Fellowship
Norman, Oklahoma

CONFIDENTIAL

This application is to be completed by all applicants for any position (volunteer or compensated) involving the supervision or custody of minors. It is being used to help the church provide a safe and secure environment for children who participate in our programs and use our facilities. **PLEASE COMPLETE EVERY PART!** (If something does not apply place an "N/A" in the space provided. Every space must have a response before the application can be processed.)

PERSONAL

Name _____ Date _____

Present address _____ Home Phone _____

City/State _____ Zip _____

Birthday _____ Social Security No. _____

What age children or youth do you prefer to work with? _____

On what date would you be available? _____ Minimum length of commitment _____

Have you ever been charged with, or convicted of, or entered a plea of guilty or no contest to a felony?

Yes No

If yes, please explain - attach a separate page, if necessary. _____

If you prefer, you may choose to not answer this next question on this form, but you may, instead, discuss your answer in confidence with the Pastor. Answering yes, or leaving the question unanswered at this time, will not automatically disqualify an applicant for children or youth work.

Were you a victim of abuse or molestation while a minor?

Yes No

If yes, please identify how you have dealt with what happened.

Discussed with Pastor/Counselor/Friend/etc. toward healing.

Read materials toward healing.

Other _____

I have not dealt with what happened.

Do you have a current driver's license?

Yes No

If yes, please list state and driver's license number _____

Are there any health conditions which would limit your activities with children?

Yes No

If yes, please list _____

Have you been diagnosed with H.I.V.?

Yes No

CHURCH ACTIVITY

Are you a Christian? _____

Name of church of which you are a member: _____

List (name and address) other churches you have attended regularly during the past five years: __

List all previous church work involving children or youth (list each church's name and address, type of work performed, dates and name of person you reported to): _____

List all previous non-church work involving children or youth (list each organization's name and address, type of work performed, dates and name of person you reported to): _____

List any gifts, callings, training, education, or other factors that have prepared you to work with

children or youth: _____

PRESENT EMPLOYMENT

Occupation _____

Employer _____

Address _____

City/State _____ Zip _____

Telephone _____

PERSONAL REFERENCES

(Not former employers or relatives)

1st Reference

Name _____

Address _____

City/State _____ Zip _____

Telephone _____

2nd Reference

Name _____

Address _____

City/State _____ Zip _____

Telephone _____

Applicant's Statement

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for children or youth work. In consideration of the receipt and evaluation of this application by Grace Fellowship, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, 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 attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

Should my application be accepted, I agree to be bound by the Bylaws and policies of Grace Fellowship, and to refrain from unscriptural conduct in the performance of my services on behalf of the church.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand.

Applicant's Signature _____

Date _____

Parent or legal guardian's signature (if applicant is under 18 years of age)

Request For Criminal Records Check And Authorization

I hereby request the Federal Bureau of Investigation to release any information which pertains to any record of convictions contained in its files or in any criminal file maintained on me whether local, state, or national. I hereby release the Federal Bureau of Investigation from any and all liability resulting from such disclosure.

Signature

Print name

Print maiden name if applicable

Print all aliases

Date of birth

Social Security Number

Today's date

Record sent to:

Name Grace Fellowship

Address 3201 60th Avenue NW Norman, OK 73072

Date sent _____

Parent or legal guardian's signature (if applicant is under 18 years of age)

PAID CHILD CARE APPLICANTS

Identity must be confirmed with a state driver's license or other photographic identification.

Present Employment

Employer _____ Telephone _____

Address _____ City/State _____ Zip _____

Supervisor's Name _____ Hours/Week _____

Employment Date _____ to _____

Job Description _____

If you have been employed at this position for less than five years, provide information for each job during that period.

Employer _____

Address _____ City/State _____ Zip _____

Your Position _____ Employment Date _____ to _____

Employer _____

Address _____ City/State _____ Zip _____

Your Position _____ Employment Date _____ to _____

Employer _____

Address _____ City/State _____ Zip _____

Your Position _____ Employment Date _____ to _____

PAID CHILD CARE WORKER AGREEMENT*

_____ has completed the child care training and understands the guidelines and procedures set forth in the "Child Care Guidelines for Grace Fellowship" manual.

_____ agrees to implement these guidelines and procedures to the best of his/her ability and understands that his/her employment is for an indefinite term and may be terminated by either party with or without cause.

Date

Child Care Worker

Paid Child Care Director

*To be completed after the required training session for paid child care workers and before the worker begins his/her employment with Grace Fellowship.