



APPLICATION TO WORK WITH MINORS

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____
Nickname: _____ Date of Birth: _____ Current Age: _____
Gender: _____ Maiden Name: _____ Marital Status: _____

CONTACT INFORMATION

Home Phone: _____ Cell Phone: _____
Can we text you? Yes _____ No _____ Email Address: _____
Street Address: _____ Apt: _____
City: _____ State: _____ Zip Code: _____

CHURCH INFORMATION

Are you a member of Seven Rivers Presbyterian Church: Yes _____ No _____ Years Attended: _____
If you are not a member of Seven Rivers, what date did you first start attending: _____
Previous Church Attended: _____ City/State: _____
Ministries Involved In: _____ Date Left: _____
Contact Person: _____ Phone #: _____

VOLUNTEER INFORMATION

Have you volunteered with any other organization: Yes _____ No _____ Years Involved: _____
Name of Organization(s): _____ City/State: _____
Type of Volunteer Work: _____ Date Left: _____
Contact Person: _____ Phone #: _____

WORK INFORMATION

Current Employer: _____ Job Title: _____
Hire Date: _____ Years Employed: _____
Supervisor: _____ Phone #: _____

THE CHILD PROTECTION POLICY OF SEVEN RIVERS PRESBYTERIAN CHURCH

Previous Employer: _____ Job Title: _____
Hire Date: _____ Years Employed: _____ Reason for Leaving: _____
Supervisor: _____ Phone #: _____

REFERENCES (Must provide at least one professional reference)

Name: _____ Phone #: _____
Relationship to You: _____ Years Known: _____
Name: _____ Phone #: _____
Relationship to You: _____ Years Known: _____

BACKGROUND QUESTIONS

1. Have you ever been accused, investigated, charged, or sued for a child-related, sexual-related, or violent crime? Yes _____ No _____ If yes, provide an explanation and dates: _____

2. Have you ever been convicted of a crime? Yes _____ No _____ If yes, provide an explanation and dates: _____

SIGNATURE SECTION

By signing below, I certify that the information I have provided is complete, accurate, and contains no material omission. I authorize Seven Rivers Presbyterian Church (SRPC) and/or its agents to verify the validity and accuracy of any and all information contained within this application as well as any other information gained via other means. I authorize all references to provide you with any information, including opinions, which they may have regarding my character and fitness for work with minors. I understand that each reference will be asked to submit the name of one additional person to be used as a potential additional reference.

Furthermore, 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. Additionally, I waive any right that I may have to inspect any information provided about me by any person or organization identified within the application form or obtained otherwise unless so required by law.

I understand that this information is being requested to determine my suitability to work with minors. If approved, I will be required to abstain from unscriptural conduct and abide by SRPC's bylaws and Child Protection Policy. I acknowledge that I have carefully read this release and understand its contents. I acknowledge that this document is being signed of my own free will and is a legally binding agreement.

Signature: _____

Date: _____

Printed Name: _____



BACKGROUND CHECK AUTHORIZATION FORM

I hereby authorize Seven Rivers Presbyterian Church and/or its agents to make an independent national investigation of my: 1) background, 2) references, 3) character, 4) past and present employment, 5) past and present volunteer service, 6) education, and 7) criminal records. This investigation will include all records maintained by both public and private organizations. The purpose of this investigation is to confirm my information and determine my suitability for employment, volunteering, or to work with minors.

I release Seven Rivers Presbyterian Church and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regard to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name, and all information is true and correct to the best of my knowledge.

PERSONAL INFORMATION

Last Name: _____ Suffix: _____ First Name: _____
Middle Name: _____ Prefix: _____ Maiden Name: _____
Nickname: _____ Other Names Used: _____

IDENTIFYING INFORMATION

SSN: _____ Gender: _____ Date of Birth: _____
Drivers License #: _____ Issuing State: _____ Place of Birth: _____

ADDRESS

Street #: _____ Street Name: _____ Apt: _____
City: _____ State: _____ Zip Code: _____ County: _____

SIGNED CONSENT

Signature: _____ Date: _____
Printed Name: _____ Phone #: _____



BACKGROUND QUESTIONNAIRE FOR TEENAGE APPLICANTS

In addition to completing the Background Check Authorization Form, all teenage applicants, and their parent(s)/guardian(s), are required to answer the following questions and provide all associated information. If either the teenager or his or her parent(s)/guardian(s) refuse to complete this questionnaire; falsifies or omits any information; or refuses to provide their signatures, SRPC will deny that teenager's application to work with children.

- 1. Do you have any current or past legal issues?** **Yes:** _____ **No:** _____
If yes, explain: _____

- 2. Have you been convicted of a crime?** **Yes:** _____ **No:** _____
If yes, explain by listing offense(s), date(s), and circumstances: _____

- 3. Have you ever had a parole officer?** **Yes:** _____ **No:** _____
Officer's Name: _____ Phone #: _____

APPLICANT & PARENTAL SIGNATURES

1. Teenager's Signature: _____ Date: _____
Teenager's Printed Name: _____
2. Parent/Guardian Signature: _____ Date: _____
Parent/Guardian Printed Name: _____
3. Parent/Guardian Signature: _____ Date: _____
Parent/Guardian Printed Name: _____



RECEIPT OF THE CHILD PROTECTION POLICY

I acknowledge that I have received a copy of the child protection policy for Seven Rivers Presbyterian Church ("the Church"). I agree to read the policies contained within this document and fully abide by its requirements. I acknowledge that I am at all times to conduct myself in a manner that is above and beyond reproach when interacting with children and will at a times seek to ensure their safety.

I also acknowledge that my ability to work with children is contingent upon approval from the Church after successful completion of its applicant approval process. I agree to complete all required documents and disclose any and all information necessary to complete the approval process. I acknowledge that any falsification or omission of relevant information either during the approval process or anytime thereafter, I will be disqualified from working with minors under the care of Seven Rivers.

Finally, I acknowledge that I am free to seek guidance from the Director of Business Operations, at any time, regarding any question(s) I may have surrounding the contents of this policy.

Signature: _____ Date: _____

Printed Name: _____