

Southern Missouri Ministry Network

Name of Church

APPLICATION FOR CHILDREN'S/YOUTH WORKER

(Revised June, 2024)

CONFIDENTIAL

This application is to be completed by all persons who desire to volunteer for ministry with children and/or youth. This is not an employment application form. This is being used to help the church provide a safe and secure environment for those who participate in our programs and use our facilities. This is not only to protect our children/youth, but it is to help protect you.

PLEASE MAKE SURE ALL SECTIONS ARE COMPLETED

Date: _____ What date would you be available to begin? _____ Length of Commitment: _____

List the ministry area where you are applying: _____

PERSONAL INFORMATION

Name: _____

Last

First

Middle

Maiden

Present Address: _____

Street

City

State

Zip

How long at this address? _____ If less than 5 years, give previous address:

Previous address: _____ How Long? _____

Home Phone: _____ Work Phone: _____ Cell/Other #: _____

Email Address: _____

How long have you attended this church? _____ Are you a member? _____

Do you have a current driver's license? Yes No If yes, please list license number: _____

Do you have a CDL license? Yes No If yes, would you be willing to drive for an activity? Yes No

Church History and Prior Volunteer Work

List (name and address or city) of previous church you attended regularly: _____

List all previous church work involving children/youth (identify church and type of work performed): _____

List any gifts, callings, training, education, experience, or other factors that have prepared you for children's work:

SPIRITUAL

How long have you been a Christian? _____ Have you been baptized in water? Yes No

Have you been baptized in the Holy Spirit with the evidence of speaking in tongues? Yes No

Do you embrace our statement of faith (refer to our website: www.somoag.org – What We Believe) Yes No

If there are any that you do not embrace or that you have questions about, please explain: _____

The following questions are part of a process to help provide a safe and secure environment for our children. All information is confidential.

Do you have any habits or addictions? Yes No

Are there past or current issues in your life that we should be aware of? Yes No

Have you ever been convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor? Yes No

We conduct a police background check on all adult applicants. Do you have any objections? Yes No

If you answered yes to any of the above questions, please explain briefly: _____

GENERAL POLICIES REGARDING CHILDREN AND YOUTH MINISTRIES

The disturbing and traumatic rise of physical and sexual abuse of children has claimed the attention of our nation and society. The following policies reflect our commitment to provide protective care of all children, youth, and volunteers who participate in church sponsored activities.

- Adults who have been convicted of either child sexual or physical abuse should not volunteer service in any church sponsored activity or program for children or youth.
- Volunteers must observe the "two worker" rule. A minimum of two workers (one of which should be at least 18 years of age) shall be present during any children/youth activity. A single worker should never be alone with a child/youth.
- Volunteers should immediately report any behaviors which seem abusive or inappropriate to the Pastor/Pastoral Staff.
- Volunteer staff do not, under any circumstances, practice physical/corporal punishment/militant or demeaning procedures with the children.

As a church volunteer, I have read the above and agree to observe all church policies regarding working with youth or children.

Applicant's Signature

Date

Please provide three personal references *who have known you for at least one year and are not related to you. Provide daytime phone numbers. Minors (under 18 yrs) may provide references from coaches and teachers.*

1. Name: _____

Address: _____

Phone #: _____ Years known: _____

2. Name: _____

Address: _____

Phone #: _____ Years known: _____

3. Name: _____

Address: _____

Phone #: _____ Years known: _____

CRIMINAL RECORDS CHECK AND AUTHORIZATION *(Those under 18 are not subject to check)*

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of volunteer worker assignment is true and complete to the best of my knowledge.

I hereby authorize the leadership over me to investigate all statements contained in this application to determine my suitability for volunteer assignment and otherwise investigate my character, reputation, personal characteristics, work habits, performance, experience, skills and/or abilities. My church and its agents/representatives are also authorized to verify information and conduct any investigation into my personal, motor vehicle, and employment history, and request any records related thereto, and to request and receive all criminal history record information pertaining to me.

I hereby hold harmless all persons, organizations, and agencies who provide my church with any information, and such entities or persons are hereby fully released from any and all claims and damages that may be connected with their release of any of the information they provide. Furthermore, I do hereby agree to forever release, indemnify, and hold harmless my church, their agents, representatives and assigns to the full extent permitted by law, from any claims, damages, losses, liability, costs, and expenses or any other charge or complaint related to this authorization and the retrieving and reporting of information.

I hereby request a criminal background check and the release of any information which pertains to any record of convictions in its files or in any criminal file maintained on me whether local, state, or national. I hereby release any criminal law enforcement agency from any and all liability resulting from such disclosure. Any person or entity relying on this request may rely on a photocopy or facsimile as if it were an original.

Signature required _____ **Date:** _____

Social Security Number required: _____ **Date of Birth:** _____

Legal Name: _____
(please print) Last First Middle

Print all other names you may have used (including maiden name): _____

Place of Birth: _____ **County of Residence:** _____

APPLICANT'S CERTIFICATION

The facts set forth above in this application are true and complete. I understand that, if I am assigned as a volunteer worker, any false statements on this application or omission of information from this application shall be considered sufficient cause for dismissal.

I understand this application will remain active for sixty (60) days, and that if I am not assigned as a volunteer worker within this period, I may be required to reapply to be considered at a later date. The duration of my assigned area of ministry is determined by the Pastor and/or Pastoral Staff.

I understand that, if I am accepted, the length of my assignment is not guaranteed. I recognize that I will be free to terminate this volunteer worker assignment voluntarily at any time, or without cause. I acknowledge that my church will be free to terminate my assignment at any time with or without cause, and with or without notice. I further agree to supplement this application if there are any significant changes to the information I have provided.

Should my application be accepted, I agree to be bound by the Bylaws and policies of my church 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.

I commit myself to children/youth service. If I am unable to serve at my scheduled time, I will notify the proper person so that my position is not vacant.

APPLICANT'S SIGNATURE

DATE

PARENTAL CONSENT AND AUTHORIZATION

(Please fill out if applicant is a minor)

I give _____ consent to volunteer at my church. I verify my child is physically and emotionally capable of the volunteer worker assignment. I give my authorization for my child/youth to fill out an application and have a responsible party check their references.

Parent or Guardian's Signature

Date

Email completed form to: info@somoag.org or mail to 528 W. Battlefield | Springfield MO 65807