APPLICATION FOR MINISTRY WITH CHILDREN, YOUTH, AND VULNERABLE ADULTS

Salem Covenant Church 339 North 59th Avenue west Duluth MN 55807

This application is to be completed by all applicants for any position (volunteer or paid staff) involving the supervision of custody of minors or vulnerable adults. It is being used to help the church provide a safe and secure environment for those children/youth/vulnerable adults who participats in our ministries and use our facilities.

PERSONAL INFORMATION

Date: Primary Phone:		mary Phone:	Date of Birth:
Name:(Last)	(First)	(Middle)	Social Security No.:
Present Address:			
			any criminal charge in your background (e.g., criminal YesNo (check one)
Have you ever been o		•	ninal conduct involving a minor or vulnerable adult?
If you answered "Yes	" to either o	f the above questi	ons, please explain:
		•	ve encourage you to seek professional counseling to address ral staff members are available to confidentially assist you.
		APPLICA	NT'S STATEMENT
I give permission for a	background	check to be run usir	ng my social security number.

The information contained in this application is true and complete. I understand that any false or incomplete statements in this application shall be grounds for dismissal. I authorize any reference, former employers, or churches listed in this application to give you any information they may have regarding my character and fitness for work with children, youth or vulnerable adults. I release all such references and former employers, or churches from liability or any damage that may result from furnishing such evaluations to you, and I waive right that I may have to inspect references provided on my behalf.

Should my application be accepted, I agree to be bound by the Safe Place Policy, Constitution and By-laws and guidelines of the Salem Covenant Church, Duluth, Minnesota and to refrain from unscriptural conduct in the performance of my services on behalf of the church.

<u>Please Note*</u>: Your signature must be witnessed by an adult who then signs the witness signature line below. Thank you.

Applicant's Signature:

*Witness' Signature: ______

This page only will be duplicated and shared with our Ministry Leaders in an effort to match you with available ministry positions at Salem Covenant Church.

Your Name: _____

Name of Church where you are now attending: ______

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

What type of children/youth work do you prefer?

On what date would you be available?

Minimum length of commitment?

List any gifts, callings, training, education, or other factors that have prepared you for children/youth work. Please use the back side of this sheet if additional space is needed.

Provide a testimony of your relationship with the Lord Jesus Christ:

Thank you for your part in providing a safe, Christian, nurturing environment for our youth and children.

Safe Place Telephone Interview Form for Personal References References

Volunteers for Children and Youth (to be completed by applicant)

Name of Applicant: ______Position being considered for: _____

Note: If you choose, or if the reference asks, you may provide a copy of the release signed by the applicant. Do NOT state that the applicant has released the reference from liability. Instead, if necessary, state that the applicant has signed a release form that you can provide to the reference for his/her records. Also, if you take notes on a separate sheet of paper, please sign, date, and staple your notes to this form following the interview.

Reference #1:

Name:	Organ	Organization:		
Address:	City:	State:	Zip:	
Telephone:				
Interview Questions (to be completed by inte	erviewer)			
Note: Describe the position under consideration p	prior to beginning the intervie	w.		

- 2. How long have you know the applicant?
- 3. Are you aware of any facts demonstrating that the applicant should not be considered by our <u>ministry</u> for this position? If no, please explain (use a separate sheet if necessary) □ Yes □ No
- 4. Are you area of any facts demonstrating that the applicant's volunteer service should be restricted from <u>children and youth</u>? If yes, please explain (use a separate sheet if necessary). □ Yes □ No
- 5. Based on your knowledge of the applicant, which of the following best reflects you evaluation of the applicant's suitability for this position:

 Highly recommended
 Recommend
 Neutral
 Do not recommend
 Insufficient knowledge to form an opinion

Statement of Interviewer:

This form accurately reflects the contents of the telephone conversation I had with the reference on the date indicated.

Signature:

Date: _____

Please continue reference information on next page

Safe Place Telephone Interview Form for Personal References References

Volunteers for Children and Youth (to be completed by applicant)

Name of Applicant: ______Position being considered for: _____

Note: If you choose, or if the reference asks, you may provide a copy of the release signed by the applicant. Do NOT state that the applicant has released the reference from liability. Instead, if necessary, state that the applicant has signed a release form that you can provide to the reference for his/her records. Also, if you take notes on a separate sheet of paper, please sign, date, and staple your notes to this form following the interview.

Reference #2:

Name:	Organiza		
Address:	_City:	State:	Zip:
Telephone:			
Interview Questions (to be completed by intervie	wer)		
Note: Describe the position under consideration prior	to beginning the interview.		

- In what capacity do you know the applicant? ______
- 2. How long have you know the applicant?
- 3. Are you aware of any facts demonstrating that the applicant should not be considered by our <u>ministry</u> for this position? If no, please explain (use a separate sheet if necessary) □ Yes □ No
- 4. Are you area of any facts demonstrating that the applicant's volunteer service should be restricted from <u>children and youth</u>? If yes, please explain (use a separate sheet if necessary). □ Yes □ No
- 5. Based on your knowledge of the applicant, which of the following best reflects you evaluation of the applicant's suitability for this position:

 Highly recommended
 Recommend
 Neutral
 Do not recommend
 Insufficient knowledge to form an opinion

Statement of Interviewer:

This form accurately reflects the contents of the telephone conversation I had with the reference on the date indicated.

Signature:

Date:	

THANK YOU!!