

# YOUTH APPLICATION FOR MINISTRY WITH CHILDREN, YOUTH, AND VULNERABLE ADULTS

Salem Covenant Church  
339 North 59<sup>th</sup> 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: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
(Last) (First) (Middle)

Present Address: \_\_\_\_\_

Have there been any convictions or pleas regarding any criminal charge in your background (e.g., criminal sexual conduct, physical assault, battery, etc.)? \_\_\_\_\_ Yes \_\_\_\_\_ No (check one)

Have you ever been charged by the police with criminal conduct involving a minor or vulnerable adult?  
\_\_\_\_\_ Yes \_\_\_\_\_ NO (check one)

If you answered "Yes" to either of the above questions, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please Note: If another person has ever abused you, we encourage you to seek professional counseling to address any unresolved issues related to this abuse. Our pastoral staff members are available to confidentially assist you.

## APPLICANT'S STATEMENT

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.

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

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Witness' Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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:

## PARENTAL CONSENT FORM

As a parent or guardian, I give permission for \_\_\_\_\_  
(Child's name)

to volunteer for the following program: \_\_\_\_\_  
(Program name)

Parent/Guardian name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_

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