

# Sample Children's/Youth Work Application

Name: \_\_\_\_\_

Daytime telephone: \_\_\_\_\_

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

Age range:       18 or younger               19-25               26 or older

In which children's/youth program(s) do you want to become involved? \_\_\_\_\_

What skills would you bring to the children's/youth program? \_\_\_\_\_

What other children's/youth work experience do you have? (Please list)

Organization	Program	Dates	Contact
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### Have you at any time ever:

- Been arrested for any reason?  Yes     No
- \*Been convicted of, or pleaded guilty or no contest to, any crime?  Yes     No
- \*\*Engaged in, or been accused of, any child molestation, exploitation, or abuse?  Yes     No

*\*To the extent that a crime does not pose a threat to minors, you might not be able to ask this question in your state. Check with your attorney.*

*\*\*The accusation aspect of this question might not be able to be asked of an employee or an applicant for employment. Check with your attorney.*

### Are you aware of:

- Having any traits or tendencies that could pose any threat to children, youth, or others?  Yes     No
- Any reason why you should not work with children, youth, or others?  Yes     No

If the answer to any of these questions is "yes," please explain in detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(Please attach additional pages if more space is needed)*

*This is a sample document only. Your organization is responsible for compliance with all applicable laws. Accordingly, this form should not be used or adopted by your organization without first being reviewed and approved by an attorney. Brotherhood Mutual Insurance Company assumes no liability in the preparation and distribution of this sample form.*

## Church Activity

What church or churches have you attended in the past five years?

Church name	Pastor's name	Years attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

## References (Other than relatives). Please provide at least two.

Name /Relationship	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Children's/Youth Work Verification and Release

I recognize that (name of organization) is relying on the accuracy of the information I provide on the Children's/Youth Work Application form. Accordingly, I attest and affirm that the information I have provided is absolutely true and correct.

I authorize the organization to contact any person or entity listed on the Children's/Youth Work Application form, and I further authorize any such person or entity to provide the organization with information, opinions, and impressions relating to my background or qualifications.

I voluntarily release the organization and any such person or entity listed on the Children's/Youth Work Application form from liability involving the communication of information relating to my background or qualifications. I further authorize the organization to conduct a criminal background investigation if such a check is deemed necessary.

I have carefully read the policy and procedures of the organization, and I agree to abide by them and to protect the health and safety of the children or youth assigned to my care or supervision at all times.

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Please read this document carefully before you sign it.)*

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