

CHILD/YOUTH WORKER APPLICATION

Full Name: _____

Home Address: _____

Daytime Phone: _____ Evening Phone: _____

Occupation: _____

Employer: _____

Current Job Responsibilities: _____

Previous Experience with Children/youth: _____

Special Interests, Hobbies, Skills: _____

Why Do You Want To Work With Children/Youth? _____

What Gifts, Education, Training, or Interests Do You Have That Would Help You Work With Children/Youth? _____

What are your views on appropriate ways to discipline? _____

Availability to Work? (Check All That Apply)
Days: _____ Evenings: _____ Weekends: _____ Special Events _____ Other (Specify) _____

Can You Make a One-Year Commitment? Yes or No

Do You Have Your Own Transportation? Yes or No

Do You Have a Valid Driver's License? Yes or No

If Yes Please Provide Your License Number: _____

Initial here that we have your permission to check and obtain a report of your driving record and to share that information with those persons who will act on this Application?

_____ Yes _____ No _____ Initials _____ Date initialed: _____

Have you ever been charged with, convicted of, or plead guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, or other crimes of violence, theft or serious motor vehicle violations)? Yes or No

If "Yes" explain: _____

References: Please list three personal references (i.e., people who are not related to you by blood or marriage) and provide a complete address and phone number for each.

(1) Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Relationship to Applicant: _____

(2) Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Relationship to Applicant: _____

(3) Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Relationship to Applicant: _____

Do we have your permission to contact these references as well as anyone else in order to obtain information about you for the purpose of considering you for a position of one who would work with children and / or youth? _____ Yes _____ No

Do we have your permission to share this information with those persons who will participate in acting on this Application? Yes No

Date: _____

Signature of Applicant

AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS CHECK

I, _____, HEREBY AUTHORIZE the Dundee United Methodist Church to request any local, state or federal law enforcement department or agency to release information regarding any record of any investigations, charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is a local, state, or national file, and including but not limited to accusations and convictions for crimes committed, against minors, to the fullest extent permitted by local, state and federal law. I release any and all law enforcement departments, agencies, and their employees from all liability that may result from any such disclosure made in response to this request. I also give my permission for this information to be shared with those persons who will participate in making decisions with respect to my application.

You are authorized to rely upon a photocopy or fax copy of this document.

Signature of Applicant _____ Date _____

Print applicant's full name: _____

Print all other names that have been used by applicant (if any): _____

Date of birth: _____ Place of birth: _____

Social Security Number: _____ Sex: _____

Driver's license number: _____

State in which license was issued: _____

License expiration date: _____

For applicants under the age of 18, Signature of Parent or Legal Guardian _____ (Date)

Please mail the results to:

Dundee United Methodist Church
P.O. Box 1688
Dundee, FL 33838
863-439-1268