

CrossRoads Church
Application
Child/Youth Worker

This application is to be completed by all applicants for any positions (volunteer or employee) who will be involved in the supervision or custody of minors. This is not an employment application form. This is a screening form. It will be used to help CrossRoads Church pastoral staff provide a safe and secure environment for those children and youth who participate in our programs.

Date: _____

Name: _____

Address: _____

Phone # _____ E-Mail _____

Age _____ Marital Status: _____ (employed staff need not answer questions re: age or marital status)

Driver's License Number _____ Special License Endorsement _____

Ministry Applying for _____

Areas of talent and interest _____

What type of ministry experience do you have? _____

Date of Salvation _____

How long have you attended CrossRoads Church? _____

Are you a member of CrossRoads _____ If not, reason why _____

Where did you fellowship prior to CrossRoads? _____

Reason for leaving your prior church _____

Identify churches you have regularly attended in the last 5 years _____

Do you faithfully support the ministry of this church by regular attendance? _____

Are you willing to commit to orientation, training and supervision? _____

Are you in agreement with our doctrinal statement of faith _____ If not, where do you differ _____

Do you use tobacco _____ Do you drink alcoholic beverages _____

Do you use non-prescription drugs? _____

Have you ever been the victim, or had personal dealings with child sexual molestation or abuse _____

_____ If yes, would it be an area, which would be difficult to deal with _____

Please explain _____

Please indicate personal references: (one reference should be a pastor)

Name _____

Name _____

Address _____

Address _____

Phone _____

Phone _____

CrossRoads Reference _____

I certify that the information contained in this application is correct to the best of my knowledge. I authorize the Senior Pastor or the delegate of the Risk Management program of CrossRoads Church to investigate any matters contained in this application. I hereby authorize any personal reference of church representative reference to release any information that they may have regarding my character and fitness for child/youth work; and I release all such references from liability for any damage that may result from furnishing such information. I waive any right that I may have to inspect reference provided on my behalf.

I agree to be bound by the policies of CrossRoads Church and to refrain from questionable, un-Christ like conduct in the performance of my services on the behalf of CrossRoads Church.

(Applicant's signature)

(Date)

CrossRoads Church
Background Investigation Consent

I, _____ (applicant's complete name), hereby authorize CrossRoads Church and/or its agents to make an independent investigation of my background, references, character, past employment, education, criminal, or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information, which may be material to my qualifications as a volunteer or for employment now, and if applicable, during the tenure of my volunteering or employment with CrossRoads Church.

I release CrossRoads Church and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regard to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name, and all information is true and correct to the best of my knowledge.

Full legal name (printed)

Maiden name or other names used

Present street address

How long?

City/State

Zip

Former street address

How long?

City/State

Zip

Date of Birth

Social Security #

Driver's license #

State of license

Signature

Date