

Church Activity

Name of church of which you are a member _____

Approximate date of church membership (Month / Year) _____

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

What age do you prefer to work with? _____

On what date would you be available? _____

Minimum length of commitment _____

List all previous church work involving preschool / children / youth (identify church and type of work):

List any talents, callings, training, education, or other factors that have prepared you for preschool / children / youth work: _____

Personal References (Do not list former employers or relatives)

Name _____

Name _____

Address _____

Address _____

Telephone _____

Telephone _____

Applicant's Statement

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give Church of the Cross, UMC, Salina, Kansas, any information (including opinions) that they may have regarding my character and fitness for children / youth work. I release all such references from any liability for furnishing such evaluation to you, provided they do so in good faith and without malice.

I waive any right that I may have to inspect references provided on my behalf. Should my application be accepted, I agree to be bound by the bylaws and policies of Church of the Cross, UMC, Salina, Kansas, and to refrain from inappropriate conduct in the performance of my service on behalf of the Church.

I hereby authorize Church of the Cross and all of it's agents to request and receive any information and records concerning me, including but not limited to criminal record history, driving, courts, law enforcement and licensing agencies and other entities.

I further release Church of the Cross and all of it's agents from any and all claims and liability arising out of any request(s) for, or receipt of, information or records pursuant to this authorization, or arising out of any compliance or attempted compliance, with such request(s).

Applicant's Signature _____ Date _____

Witness _____ Date _____

(Church use only)

Confirmation # _____

Approved _____

Declined _____

Comments: _____

(Children or Youth Director)

(Pastor or Council Chair)

