CONFIDENTIAL

# FIRST PRESBYTERIAN CHURCH CHILD PROTECTION WORKER APPLICATION

### Part A

PERSONAL INFORMATION			
Name	, First		Mi Jilla Luiki al
Last	FIFST		Middle Initial
Street Address			
City	State	Zip Code	
Date of Birth			
Primary Number ()			
Secondary Number ()			
E-mail Address			
VOLUNTEER SERVICE			
In what ministry area are you interested  Nursery Parent's Day Out Vacation Bible School (Prek Sunday School (Prek - 5th) Kids 4 Christ (K – 5th) Wedn Sunday School (6th - 12th) Confirmation Youth Group Senior High (9 Youth Group Mid High (6th Youth - Overnight Trips Youth - Day Trips Transportation	K - 5th) nesday Afternoon Oth - 12th)		
Why are you interested in volunteering	g for ministry to children/ye	outh?	
Have you volunteered with children/y  If YES, in what capacity did you volu	nteer?		
If NO, what prior experience do you h		youtn?	
Have you ever had First Aid & CPR to	raining? YES N	IO	

## Have you ever been arrested for, charged with, convicted of, or plead guilty to a crime, either misdemeanor or a felony (including but not limited to drug related charges, child abuse, other crimes of violence, theft, or motor vehicle violations)? Answering "yes" to this question does not automatically disqualify you from service. YES \_\_\_\_\_ NO \_\_\_\_ If YES, please explain fully \_\_\_\_ **FAITH** Are you a *member* of First Presbyterian Church? YES \_\_\_\_\_ NO \_\_\_\_ If YES, how long have you been a member of First Presbyterian Church? If NO, please list the name, address and phone number of the church you currently belong to or have regularly attended over the past 5 years. Please summarize your faith journey and how you came to know Christ as Lord and Savior. The First Presbyterian Church of Mexico, Missouri, exists to glorify God by bringing people to Christ, engaging them as members, educating them to a mature faith, and equipping them for a meaningful and effective ministry in the church, in the community, and in the world. I affirm my acceptance of the above written mission statement of First Presbyterian Church and agree to carry out my volunteer responsibilities in accordance with it, the Child Protection Policy and all other policies of this church. Signature Date

PRELIMINARY SCREENING INFORMATION

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Applicant Name

#### Part B

#### **REFERENCE CHECKS**

Please list three references not related to you by blood or marriage. From which we shall contact at least two. One reference should be someone who has known you for a least five years. One reference should be a member of First Presbyterian Church; if you have not been a member of First Presbyterian Church for more than one year, please list your previous church instead. If possible, a reference should be someone who has observed you working with children/youth in some capacity.

Name		
Street Address		
City		
Primary Number ()		
Relationship		Length of Relationship
E-mail Address		
Name		
Street Address		
City		Zip Code
Primary Number ( )		
Relationship		Length of Relationship
E-mail Address		
Name		
Street Address		
City	State	Zip Code
Primary Number ()		
Relationship		Length of Relationship
F-mail Address		

#### AUTHORIZATION FOR RELEASE OF BACKGROUND INFORMATION

In connection with my application for service with First Presbyterian Church as a volunteer or staff, I authorize First Presbyterian Church to solicit background information relative to my criminal record history. I understand that First Presbyterian Church may conduct inquiries into my background that may include criminal records, personal references and other public record reports pertaining to me.

or churches listed in this application to give you any information (including opinions) that they may be regarding my character and fitness for children or youth work. In consideration of the receipt and evaluation by First Presbyterian Church, I hereby release any individual, church, youth organizate employer, reference or any other person or organization, including record custodians, both collectively individually, from any and all liability for damages of any kind or nature which may at any time result heirs, or family, on account of good faith compliance or any attempts to comply, with this authorization of further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THE RELEASE AS MY OWN FREE ACT. This is a legally	
Social Security #:	
Date of Birth://	
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Applicant Signature Date	
Witness Signature Date	
For OFFICE USE ONLY	
Tasks to be Completed: Completed on: Completed by:	
□ Application Accepted:	
□ Interview Completed:	
□ Reference Check Completed:	
□ Safety Training Completed:	
□ Background Checks Completed:	
□ Driver Records Completed:	
□ Driver's License Received:	