Youth Worker Application

This application is to be completed by anyone going to work in any position involving the supervision or custody of minors. It is our desire to provide a safe and secure environment for those children and youth who participate in our programs.

Personal Information

(1) Date:	(2) Da	ate of Bir	th:		
(3) Name:	First	Middle		Last	
(4) Present Address:					
(5) Home Phone:					
(6) Spouse's Name:					
(7) Names and ages (of your children	1:			
(8) Please indicate th	e type of youth	or childr	en's work you	ı prefer:	
(9) Have you ever be	en convicted or	r plead gu	uilty to a crime	?	
Yes	(if yes, please	explain.	Attach separa	ate page if	necessary.)
No					
(10) Were you a victi Yes No	m of abuse or 1	nolestatio	on while a min	or?	
(If you prefer,	, you may refus fidence with th	e to answ e Pastor.)	er this questic	on here and	d discuss your
11) Do you have a co If yes, please	urrent driver's l list your driver	license? 's license	Yes number.	No	0

Church History & Prior Work with Minors

(12) Any previous Church membership?
(14) If not a member of First Baptist Church of Castleford, where do you have church membership?
Address:
(15) List all previous church work and secular work or volunteer work involving minors. (Please list each name, give addresses and dates worked)
(16) Please list any gifts, callings, training, education, or other factors that have prepared you for children or youth work.
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 (17) Personal References: (not former employers or relatives) Please list names, addresses, and phone numbers. a) b)

(18) Applicant's Statement

The information given above is correct to the best of my knowledge. I authorize any references or churches listed to give you any information including opinions that they may have regarding my character and fitness for children or youth work. In consideration of the receipt and evaluation of this application by First Baptist Church, Castleford, Idaho, I hereby release any individual church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

Should my application be accepted, I agree to be bound by the Bylaws and policies of the First Baptist Church of Castleford, Idaho, and refrain from unscriptural conduct in the performance of my services on behalf of the Church.

I further state that I have carefully read the forgoing release and know the contents thereof and I sign this release as my own free act. This is a legally binding agreement which I have read and understand. I understand that a background check may be conducted for all applicants:

1) Applicant'signature:	Date:
Witness Signature:	Date:
2) Parent's Signature if a minor:	Date