

# PRIMARY SCREENING FORM FOR VOLUNTEER OR PAID YOUTH/CHILDREN'S WORKERS (Confidential)

This form is to be completed by all volunteers or applicants for a position involving the supervision or custody of minors. It is being used to help the church provide a safe and secure environment for those children, youth, and workers who participate in our programs and use our facilities. The information contained in this form will be kept confidential but will be disclosed only to those who must have it in order to carry out their responsibilities for/in Florida, or as required by law.

## PERSONAL

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Maiden

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: ( ) Work Phone: ( )

\*Marital Status: \_\_\_\_\_ \*Name of Spouse: \_\_\_\_\_

Date of Birth: / / Occupation: \_\_\_\_\_

Social Security Number: - -  
(Compensated workers only)

\* Information Not Required

Please indicate the kind of role you prefer in children's/youth work: \_\_\_\_\_

Please indicate the date you would be able to begin: \_\_\_\_\_

What is the minimum length of commitment you want to make? \_\_\_\_\_

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The disturbing and traumatic rise of physical and sexual abuse of children has claimed the attention of our nation and society. The following policies reflect our commitment to provide protective care of all children, youth, and volunteers who participate in church sponsored activities.

1. Individuals who have been convicted of either child sexual or physical abuse may not volunteer service in any church sponsored activity or program for children or youth.
2. Survivors of childhood sexual or physical abuse need the love and acceptance of this church family. Individuals who have such a history should discuss their desire to work with children or youth with one of the pastoral staff prior to engaging in any volunteer service.
3. All volunteers working with youth or children are required to be attendees of the Church for a minimum of six months.
4. Volunteers should observe the "two adult" rule. Adults should never be alone with children or youth without an adult partner.
5. Volunteers should immediately report any behaviors which seem abusive or inappropriate to their supervisor.

**Please Answer Each Question. Your Response Will Be Kept Fully Confidential.**

1. As a church volunteer, do you agree to observe all church policies regarding working with youth or children?      ☐yes      ☐no
2. Have you ever been convicted of or pleaded guilty to a crime?      ☐yes      ☐no
3. Are there any felony charges pending against you?      ☐yes      ☐no

If you prefer, you may refuse to answer this question, or you may discuss your answer in confidence with the senior pastor rather than answering it on the form. Answering yes or leaving the question unanswered will not automatically disqualify an applicant for children or youth work. I have read the above policy and agree to observe the safeguards listed.

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Signature

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Printed Name

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Date Signed

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## PERSONAL TESTIMONY

Please explain briefly how Christ came to be the Lord of your life, and your relationship with Him right now. (Use back of page if needed).

## CHURCH HISTORY

Are you a member of \_\_\_\_\_ Church? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, how long have you been attending? \_\_\_\_\_

List (name, city and state) other churches you have attended regularly during the last five years:

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Have you worked with children/youth in any of the above-mentioned churches? (Please specify age groups)

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## REFERENCES

**Please help us meet the challenge of today by listing references relevant to working with youth and children.**

**1. Church References: Please list persons from other churches where you have worked with children or youth.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone (including Area Code): (      ) \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone (including Area Code): (      ) \_\_\_\_\_

**2. Other References: If you have had no previous work experience with children and youth, please complete this section. Please list individuals who could provide a personal reference for you that tell us about your interpersonal skills and your ability to communicate with others.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone (including Area Code): (      ) \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone (including Area Code): (      ) \_\_\_\_\_

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## EMPLOYMENT HISTORY

List below, beginning with the most recent, all present and past employment.

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Phone Number (including Area Code):   (     )   \_\_\_\_\_

Position Held/Job Title: \_\_\_\_\_ Employment Dates: \_\_\_\_\_

Name and Title of Immediate Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Final Salary: \_\_\_\_\_ Brief Description of Duties: \_\_\_\_\_

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Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Phone Number (including Area Code):   (     )   \_\_\_\_\_

Position Held/Job Title: \_\_\_\_\_ Employment Dates: \_\_\_\_\_

Name and Title of Immediate Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Final Salary: \_\_\_\_\_ Brief Description of Duties: \_\_\_\_\_

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Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Phone Number (including Area Code):   (     )   \_\_\_\_\_

Position Held/Job Title: \_\_\_\_\_ Employment Dates: \_\_\_\_\_

Name and Title of Immediate Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Final Salary: \_\_\_\_\_ Brief Description of Duties: \_\_\_\_\_

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## APPLICANT'S STATEMENT

The information contained in this form is correct to the best of my knowledge. I authorize any references or churches listed in this form 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 form by \_\_\_\_\_ Church, 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 any and 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 form.

Should my application be accepted, I agree to be bound by the Bylaws and Policies of the \_\_\_\_\_ Church and to refrain from unscriptural conduct in the performance of my services on behalf of the church.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness' Signature \_\_\_\_\_ Date \_\_\_\_\_

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## CERTIFICATION

I certify that all of the information furnished on this Application is true, complete and correct. I understand and agree that any falsification, misrepresentation or omission of fact either on this Application or during the pre-hire process will be reason for (1) my not being offered employment or (2) dismissal at any time from the service of the Church if employed.

I understand and agree that my employment and compensation are for no definite period and may, regardless of the time and manner of payment of my wages and salary, be terminated at any time by me or the Church, with or without cause, and without any previous notice. I also understand and agree that the Church has the right to unilaterally modify and/or terminate any policies, practices, procedures and standards it has adopted or implemented, to the extent not limited by law. I acknowledge that neither Church employee nor representative, other than its Pastor, has either the power or authority to enter into any agreement for employment for any specified period of time, or to make any representations or agreements contrary to any of the foregoing, unless that agreement is in writing and signed by the Pastor of the Church. I understand that any prior representations, promises, contracts or statements made by or on behalf of the Church are expressly superseded by the foregoing.

The Immigration Reform and Control Act of 1986 states that employers must require all persons hired to submit documents to the employer showing their identity and their right to be lawfully employed in the United States. It also requires that the employee complete and sign a government form to this effect.

If you are hired by the \_\_\_\_\_ Church, you will need to furnish documents for inspection that verify your identity and indicate that you are legally permitted to work in the United States. Documents that are acceptable include your driver's license, or state issued I.D., and your Social Security card or Birth Certificate.

These documents must be provided within three (3) working days of employment. If the original documents are not available, you must submit proof that you have applied for the required documents.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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## REFERENCE CONTACT FORM (Confidential)

1. Name of Applicant: \_\_\_\_\_
2. Reference or church contacted (if a church, identify both the church and person or minister contacted):  
\_\_\_\_\_  
\_\_\_\_\_
3. Date and time of contact: \_\_\_\_\_
4. Person contacting the reference or church: \_\_\_\_\_
5. Method of contact (telephone, letter, personal conversation): \_\_\_\_\_
6. Summary of conversation (summarize the reference's or minister's remarks concerning the applicant's Fitness and suitability for youth or children's work) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Legible Signature

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date



# REQUEST FOR CRIMINAL RECORDS CHECK AND AUTHORIZATION

I hereby request that Criminal Records Check be conducted by \_\_\_\_\_

and that any information which pertains to any record of convictions contained in policy files or in any criminal file maintained on me whether Local, State or National be released to the Church. I hereby release any Police Departments, Law Enforcement Departments or those receiving the results of this check from any and all liability resulting from such disclosure.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Print maiden name, if applicable

\_\_\_\_\_  
Print all aliases

\_\_\_\_\_  
Race

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Place of Birth

- -  
\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Today's Date

**Record Sent to:** \_\_\_\_\_

**Address:** \_\_\_\_\_