**Warsaw Bible Church**

**16155 Waggoner Road**

**Warsaw, MO 65355**

**Application Form for Children/Youth Worker**

This application is to be completed by all applicants for any position (volunteer or compensated) involving the supervision or custody of minors. This is not an employment application. It will be used to help the church provide a safe and secure environment for those children and youth who participate in our programs and use our facilities.

Personal Information:

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

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

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

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a current driver’s license?

\_\_\_Yes \_\_\_No If yes, please list your drivers license number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initial here that we have your permission to check your records with the Department of Motor Vehicles: \_\_\_\_\_\_\_

Ministry

Please indicate which youth or children ministry you desire to serve in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate the date you would be available to begin \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any gifts, training, education, or interests which will help you in your ministry to children or youth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**References:** List all previous church and non-church work involving children & youth

Church or agency Address Position Dates

Please list all the churches you have attended in the last 5 years

Church Address Phone #

**Warsaw Bible Church Application** (continued)

Procedure

The following policies reflect our commitment to provide protective care to all children, youth, volunteers, and staff who participate in church-sponsored activities.

1. All adult volunteers and staff shall be a member in good standing.
2. Adults who have been convicted of either sexual or physical abuse of a child or children will not be permitted to serve as volunteers in any church-sponsored activity or program for children or youth.
3. The goal is to have adult volunteers and staff observe the “two adult” rule. The Sunday school door should be left open if the door does not contain a window.
4. Volunteers or staff is to immediately report any behavior which seems abusive or inappropriate or any incident reported by a child or adolescent.
5. When an allegation of abuse is brought to the attention of the Pastor, it will be reported to the Division of Family Services. The volunteer or staff member accused will not be left unattended with children or youth until the issue is resolved.

As a church volunteer, do you agree to observe all church policies regarding working with youth or children?

\_\_\_\_ Yes

\_\_\_\_ No

I certify that the information contained in this application is correct, complete, and accurate. I give my permission for any references checked to give Warsaw Bible Church any information they may have regarding my suitability and fitness for children’s or youth work. I have read the above policy and agree to observe the safeguards listed.

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

**Warsaw Bible Church**

**Informed Consent Form**

Full Name: Last \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle \_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you ever been charged with or convicted of any offense related to child abuse?

Yes\_\_\_\_\_\_ No\_\_\_\_\_\_ If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Have you ever been charged with or convicted of any offense involving actual or attempted sexual molestation of a child or teenager?

Yes\_\_\_\_\_\_ No\_\_\_\_\_\_ If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Have you ever been charged with or convicted of any offense involving kidnapping, criminal sexual conduct, or prostitution-related crimes?

Yes\_\_\_\_\_\_ No\_\_\_\_\_\_ If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that the information contained on this consent form is correct, complete, and accurate

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date:

***LOCAL* CRIMINAL RECORD CHECK**

This record check must be obtained from your local municipality.

**Warsaw Bible Church**

**Request for Criminal Record Check**

**Date:**

**I, , request the**

 **(full name) (City/County)**

**Police Department to release any and all record information regarding myself, to me for my use.**

**FULL NAME**

**FULL ADDRESS**

**DATE OF BIRTH**

**SOCIAL SECURITY NO.**

**DRIVER’S LICENSE NO.**

**The City/County of nor its Police Department will be held responsible for this information after it is given.**

**(Signature)**

**------------------------------------------------------------------------------------------------------------**

 **No criminal record found.**

 **Criminal record noted as follows:**

**Date of Record Check Officer**