

Teen Application

Confidential

This application is for all teens 13 through 17 years of age after at least 6 months of active involvement in the ministry program for any position involving the supervision of children. This is not an employment application. The purpose of this application is to assist in the creation of a safe environment for children who participate in the programs of MY CHURCH or use MY CHURCH facilities.

Name: _____ Date: _____
 First Middle Last

Address: _____ City/Zip _____

Home Phone: _____ Cell Phone: (if applicable) _____

Sex: ___ M ___ F Date of Birth: _____ Email: _____

Are you a regular participant in MY CHURCH? _____ If so, how long? _____

List **all *previous paid or volunteer work*** involving children. This would include all church and non-church paid or volunteer work with children. (List each church or organization's name and address, type of paid or volunteer work carried out, dates, and a contact person familiar with your work there. *Use back of this page for more space, if necessary.*)

Name	Address	City/State/Zip	Contact Person	Job Description
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List talents, preparation, training or other experiences that have equipped you to work with children:

Because MY CHURCH desires to protect children, please answer the following questions. We understand that the answers to these questions may be private and deeply personal, and we will protect your privacy, where possible under current law.

Why do you want to work with children or students at this church?

Do you have a preference concerning the age group or gender of children or students with whom you would like to work? Why?

No Yes, If yes, please explain:

What is your philosophy concerning re-direction or discipline of children?

When you are unhappy, angry or emotional about a person or circumstance, what do you do?

Have you experienced any significant physical or emotional stresses within the past year, such as the loss of a parent, extreme ill health, or any emotional or physical crisis? If so, please briefly explain.

No Yes, If yes, please explain:

Do you consider yourself to have been physically or sexually abused in the past?

(This information will be kept entirely confidential, except where confidentiality is not possible under law.)

No Yes, If yes, please explain briefly:

If you were physically or sexually abused in the past, MY CHURCH has counseling and other resources available to you. Would you consider utilizing resources to receive help in this area of your life?

No Yes, If yes, please explain:

Have you ever physically or sexually abused a child?

No Yes, If yes, please explain:

Has someone ever accused you of abusing a child?

No Yes, If yes, please explain:

Please provide **adult references**. Include one work or volunteer reference (if available), one personal reference, and one family member. References must include at least **one family member and one member of the opposite sex**. Give complete mailing addresses, including zip codes and email addresses. Please contact your references and tell them an authorized Village Seven Presbyterian Church staff person will be contacting them to complete the application process.

PERSONAL (Friend of family, teacher, coach, neighbor) DO NOT LEAVE ANY BLANKS

Name	email			
address	city	state	zip	phone

WORK OR VOLUNTEER (if available) DO NOT LEAVE ANY BLANKS

Name	email			
address	city	state	zip	phone

FAMILY MEMBER DO NOT LEAVE ANY BLANKS

Name	email			
address	city	state	zip	phone

RELEASE

VOLUNTEER SIGNATURE

I authorize MY CHURCH to contact all individuals, organizations and references listed on this **Teen Volunteer Application Form** in order to verify the information I have provided. I agree to release from liability any person or organization that provides information concerning me, including those persons I have listed as references, as well as contact persons from my previous volunteer or paid work.

By signing this form, I certify and affirm that the information I have given on this form is true, complete and correct in all respects.

Signature: _____ Date: _____

PARENT SIGNATURE

I have reviewed this application with my child and I believe all the information provided is true, correct and complete. I agree to release from liability any person or organization that provides information concerning my child, including those persons listed as references, as stated above. I am unaware of any fact or circumstance involving my child that would call into question the wisdom of entrusting my child with the supervision, guidance or care of younger children. To my knowledge, my child has never abused a younger child.

Signature: _____ Date: _____

Screener: _____ Date: _____