

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

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**Personal Information**

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

Name: \_\_\_\_\_  
(first) (middle) (last)

Address: \_\_\_\_\_  
(street address) (city, state) (zip)

Email: \_\_\_\_\_

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

Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Sex: \_\_\_\_\_ Birth date: / / Marital Status: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

How long have you been a member? \_\_\_\_\_

Why do you want to work with children? \_\_\_\_\_

\_\_\_\_\_

Please list any talents, training, education or other factors that may help you to work with children:  
\_\_\_\_\_  
\_\_\_\_\_

Do you have crafts experience? Yes/No If so, what? \_\_\_\_\_

Do you sing or play an instrument? Yes/No If so, what? \_\_\_\_\_

Do you lead music? Yes/No Have drama experience? Yes/No Story Teller? Yes/No

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**History of Prior Work With Children**

List organizations other than ours in which you were involved in working with children or youth.

*Organization Type Describe Your Involvement (Children or Youth)*

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Do you have any MEDICAL TRAINING or are you CPR certified? \_\_\_\_\_ Explain:

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**Emergency Contact Information**

If you have a medical condition for which you could use emergency contacts, please provide the following information:

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Home Phone:

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Emergency Contact Cell Phone: \_\_\_\_\_

Please identify your medical condition: \_\_\_\_\_

\_\_\_\_\_

Please provide any special procedures to be followed: \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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### **Safety & Security**

The safety and security of children is a primary objective for us. All information is held strictly confidential. Answering yes to any of the questions below may not necessarily preclude your involvement. Thank you for your understanding.

Have you ever been hospitalized or treated for alcohol or substance abuse? Yes / No

Have you ever been accused of, arrested for, convicted of, or are you currently under investigation for a criminal offense excluding minor traffic violations? Yes / No

Have you ever been accused of, arrested for, convicted of, or are you currently under investigation for any sexually related crimes? Yes / No

Have you ever been accused of, arrested for, convicted of, or are you currently under investigation for any abuse related crimes? Yes / No

Are there any circumstances involving your lifestyle or your background that would call into question your ability to work with children? Yes / No

If you answered yes to any of the above questions please explain:

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**Reference Request Form**

List two personal references (not former employers or relatives). Please give *complete* mailing addresses and telephone numbers.

*First & Last Name Street Address City, State Zip Area Code & Telephone*

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**Release Statement**

The information contained in this application is correct to the best of my knowledge. I authorize any references or organizations listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for working with children or youth. I release all such references from liability for any damages or claims that may result from furnishing such evaluations to you. I understand that any omission of material fact on this application may be grounds for rejection of this application.

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

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