

**APPENDIX I**

**CHILD/YOUTH PROTECTION WORKER APPLICATION**

*(Confidential)*

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

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

Daytime Phone: \_\_\_\_\_ Evening Phone; \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Current Job Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Previous Experience with Children/Youth: \_\_\_\_\_

\_\_\_\_\_

Special Interests, Hobbies, Skills: \_\_\_\_\_

\_\_\_\_\_

Do You Have Your Own Transportation? Yes or No

Would you be willing to be a driver for church activities? Yes or No

*(If you answered "yes" to the above question, please complete questions 1 and 2. If answered "no," please skip.)*

Do You Have a Valid Driver's License? Yes or No If Yes Please Provide Your License Number:

\_\_\_\_\_

Initial here that we have your permission to check and obtain a report of your driving record and to share that information with those persons who will act on this application?

\_\_\_\_\_ Yes \_\_\_\_\_ No Initials: \_\_\_\_\_ Date initialed: \_\_\_\_\_

Why Do You Want To Work With Children/Youth? \_\_\_\_\_

\_\_\_\_\_

What Gifts, Education, Training, or Interests Do You Have That Would Help You Work With Children/Youth?

What are your views on appropriate was to discipline?

Have you ever been charged with, convicted of, or plead guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, or other crimes of violence, theft, or serious motor vehicle violations)? Yes or No

If "Yes" explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever had to deal with a child abuse situation in any way, including being abused, being accused of abuse, knowing someone who was abused, etc.? Yes or No

If yes, please explain: \_\_\_\_\_

If yes, what was your role: \_\_\_\_\_

References: Please list three personal references (i.e. people who are not related to you by blood or marriage) and provide a complete address and phone number for each.

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

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

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

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

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

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

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

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

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Do we have your permission to contact these references as well as anyone else in order to obtain information about you for the purpose of considering you for a position of one who would work with children and/or youth? \_\_\_\_ Yes \_\_\_\_ No

Do we have your permission to share this information with those persons who will participate in acting on this application? \_\_\_\_ Yes \_\_\_\_ No

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

\_\_\_\_\_  
Signature of Applicant