

Application For Work With Children and Youth

This application is a confidential, mandatory part of a process to help the church provide a safe, nurturing, Christian environment for our children and youth. Persons responsible for the supervision or care of our children and youth are in special positions of trust and confidence. All persons who work with children and youth must complete this application.

Personal Information

(Please attach a photographic identification, e.g., a copy of driver's license.)

Name: _____ Date: _____

Date of Birth: _____

Present Address:

Tel. # (home) _____ (work) _____ (cell) _____

Are you 18 years or older? Yes _____ No _____

Work Experience with Children and / or Youth

Names and addresses of churches you have attended on a regular basis for the past five years:

- 1.
- 2.
- 3.

List churches and organizations in which you worked with children or youth over the past five years, giving church/organization name, address, dates and contact person on staff.

- 1.
- 2.
- 3.
- 4.

List any talents, training, education, etc., that would help enrich the lives of our children and our youth.

List the areas of Children and Youth Ministry where you feel called to serve.

Personal References

Give the names, addresses and phone numbers of two people who are not relatives, who have known you for at least one year.

- 1.

- 2.

Applicant verification and release:

I recognize that Chapel In The Pines (CITP) is relying upon the accuracy of the information contained herein. Accordingly, I attest and affirm that all the information that I have provided is completely true and correct.

I authorize CITP to contact any person or entity listed in this application and I further authorize any such person or entity to provide CITP with information, opinions, and impressions relating to my background or qualifications.

I recognize that I must provide CITP results of a criminal background check by an accredited company or a letter from the Session that recently, within the past year, conducted a criminal background check on me. I further authorize CITP to conduct a criminal background investigation if such a check is deemed necessary.

I voluntarily release CITP, its employees, and representatives from any liability arising from any investigation of or communication regarding my background or qualifications.

I have carefully read the CITP Child and Youth Protection Policy and Procedures, and I agree to abide by them and to protect the health and safety of the children or youth assigned to my care or supervision at all times.

Applicant's signature _____ Date: _____

Witness _____ Date: _____

Child and Youth Protection Training

Have you completed a formal Sexual Abuse Prevention or Child & Youth Protection Program training at another church or organization? YES _____ NO _____

If yes, please indicate date/year completed and details of training:

FIRST AID / CPR TRAINING (Not required for volunteers)

Have you completed a formal First Aid or CPR training course? YES _____ NO _____

If yes, please indicate date/year completed and details of training / certification.

BACKGROUND CHECK FORM

EMPLOYEE/VOLUNTEER INSTRUCTIONS

1. Please enter your *full legal* name. IE: Susan instead of Sue.
2. List any other names as Alias or Maiden names.
3. If you have a common name, please include middle initial or full middle name for identification purposes.
4. Social Security Numbers are used *only for address history and alias name information*. It will **not** affect your credit score nor will it give CITP credit report information.
5. You must sign and date *both pages* of this document.
6. This document will be kept in a secure location. It is our legal proof we were given permission to conduct a background screening on you.

DISCLOSURE AND AUTHORIZATION FOR EMPLOYER TO ACCESS CONSUMER REPORTS

Chapel in the Pines Presbyterian Church
314 Great Ridge Parkway, Chapel Hill, NC 27516

AUTHORIZATION

I hereby authorize, without reservation, the obtaining of "consumer reports" or "investigative consumer" reports by Chapel in the Pines Presbyterian Church at any time after receipt of this authorization and throughout my employment or volunteer service, if applicable. I further authorize and request, without reservation, any present or former employer, school, police department, state or federal agency, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about me to furnish SecureSearch or Chapel in the Pines Presbyterian Church with any and all background information in their possession regarding me, so that my employment qualifications may be evaluated and/or reassessed. I also agree that a fax or photocopy of this authorization with my signature should have the same authority as the original.

By signing below, I certify: (1) that I have read and fully understand this disclosure and authorization; (2) that all of the information I am providing is true, complete, correct and accurate; and (3) that I have received the attached Summary of Your Rights under the Fair Credit Reporting Act (15 U.S.C. §1681 et seq.).

The following is information required in order for Chapel in the Pines Presbyterian to obtain a complete consumer report:

FULL LEGAL NAME (First, Full Middle Name, Last Name)	
SOCIAL SECURITY NUMBER	DATE OF BIRTH*
STREET ADDRESS	
CITY, STATE, ZIP CODE	
DRIVER'S LICENSE NUMBER	ISSUING STATE
OTHER OR FORMER NAMES (AKA, Maiden Names, Married Names, Surnames, Etc.)	
_____ CONSUMER'S SIGNATURE	_____ DATE

* This information will be used for background screening purposes only.

Please list all Counties and States you have lived in since the age of 18.

County	State	Name Used in County	Date From	Date To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

DISCLOSURE

In connection with your application for employment or volunteer service with: Chapel in the Pines Presbyterian Church (including any independent contract for services) or when deciding whether to modify or continue your ongoing employment or (if hired) or service, Chapel in the Pines Presbyterian Church may obtain a “consumer report” and/or an “investigative consumer report” on you from **SecureSearch**, a consumer reporting agency, or from any third party, in strict compliance with both state and federal law. A consumer report is a communication of information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used for purposes of serving as a factor in establishing your current and/or continuing eligibility for employment purposes. An investigative consumer report is a report obtained through personal interviews with individuals who may have knowledge of your character, general reputation, personal characteristics, or mode of living. The consumer reports or investigative consumer reports may contain information regarding your credit history(if applicable to position), criminal records, driving history records, education records, previous employment history, social security traces, military records, professional licensure records, drug testing, government records, and other types of background information. You further understand that these reports may contain information concerning the reasons for termination of past employment. You are hereby notified that you have the right to make a timely request for the nature and scope of any investigative consumer report. You are further notified that, prior to being denied employment based in whole or in part on information obtained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the consumer reporting agency and a description in writing of your rights under the Fair Credit Reporting Act. Inquiries to **SecureSearch** should be directed to **SecureSearch; Consumer Disputes; 558 Castle Pines Pkwy. #B4-137, Castle Rock, CO 80108. 1 (866) 891 – 1954.**

The following are my responses to questions about my criminal record history (if any) with descriptions to any question with a YES answer:
Name: _____

1. Have you ever been convicted or plead guilty before a court of any federal, state, or municipal criminal offense? (Excluding minor traffic violations)

Yes No If Yes, please explain:

2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal criminal offense?

Yes No If Yes, please explain:

3. Have you ever received probation or community supervision for any federal, state or municipal criminal offense?

Yes No If Yes, please explain:

4. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States?

Yes No If Yes, please explain:

5. As of the date of this authorization, do you have any pending criminal charges against you?

Yes No If Yes, please explain:

6. Have you ever served in the US Military? Yes No

7. If you answered YES to the above question, did you receive a DD214?

Yes No If Yes, can you present the document?: Yes No

8. If you answered YES to the above question 6, did you receive an honorable discharge?

Yes No If No, please explain:

Consumer signature