



Our church encourages the use of two teacher/leaders for all children/youth activities. Are you comfortable with team teaching? \_\_\_\_\_

Have you ever been charged with, convicted of, or pled guilty or no contest to a crime against children or other persons? \_\_\_Yes \_\_\_ No (If yes, please explain and attach a separate page, if necessary.) \_\_\_\_\_

Have you ever committed any act of child abuse or sexual misconduct against a minor? \_\_\_ Yes \_\_\_ No (If yes, please explain.) \_\_\_\_\_

Do you have a history of substance abuse? \_\_\_Yes \_\_\_No (If yes, please explain.) \_\_\_\_\_

### **CHURCH HISTORY AND PRIOR CHILD/YOUTH WORK**

How long have you been a member or attended Chardon United Methodist Church? \_\_\_\_\_  
(List names and addresses of other churches you have attended regularly during the past five years.): \_\_\_\_\_

\_\_\_\_\_

List all previous church work involving children/youth (List each church's name and address, type of work performed, and dates.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all previous non-church work involving children/youth (List each organization's name and address, type of work performed, and dates.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## REFERENCES

Please list three persons who have known you for at least three years and who are familiar with your character, particularly as it relates to supervision of children and youth. None of the references may be a relative.

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Daytime phone (\_\_\_\_) \_\_\_\_\_ Evening phone (\_\_\_\_) \_\_\_\_\_  
Length of time you have known reference \_\_\_\_\_  
Relationship to reference \_\_\_\_\_
2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Daytime phone (\_\_\_\_) \_\_\_\_\_ Evening phone (\_\_\_\_) \_\_\_\_\_  
Length of time you have known reference \_\_\_\_\_  
Relationship to reference \_\_\_\_\_
3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Daytime phone (\_\_\_\_) \_\_\_\_\_ Evening phone (\_\_\_\_) \_\_\_\_\_  
Length of time you have known reference \_\_\_\_\_  
Relationship to reference \_\_\_\_\_

## APPLICANT'S AUTHORIZATION AND RELEASE

The information contained in this application is correct and complete to the best of my knowledge. I authorize any references or churches listed in this application to give you any information (including opinions) that they have regarding my character and fitness for work with children or youth. In consideration of the receipt and evaluation of this application by the Chardon United Methodist Church, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family on account of compliance or any attempts to comply, with this authorization.

I have read, understand and agree to abide by the Chardon United Methodist Church's Child Protection Policy and Procedures. Should my application be accepted, I will live by the understanding that, as a person of authority, it is my responsibility to act in an appropriate manner at all times with youth or children in my care.

I further state that **I HAVE CAREFULLY READ THE FOREGOING AUTHORIZATION AND RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN IT AS MY OWN FREE ACT.** This is a legally binding agreement, which I have read and understand.

Date \_\_\_\_\_  
Applicant's Signature \_\_\_\_\_  
Driver's License Number \_\_\_\_\_

Thank you for your cooperation. All information will be kept in confidential files.