

Leader Application for Children and Youth Programming (Confidential)

*This Leadership Application form is to be completed by all applicants for any position at Good Shepherd (volunteer or compensated) involving the supervision or custody of children. The purpose of this form is to help Good Shepherd provide a safe environment for those children who participate in our programs and use our facilities. Completion of Application does not guarantee approval.*

**Personal Information**

Full Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

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

If you have lived at the above address for less than 5 years, please list your previous addresses within the last 5 years (use back of form if needed).

\_\_\_\_\_

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

Occupation/Current Job Responsibilities: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*Note: We will not telephone your employer without your permission.*

**Church History and Prior Work with Children**

How long have you regularly attended Good Shepherd Lutheran Church? \_\_\_\_\_

Are you currently a member of Good Shepherd Lutheran Church? \_\_\_ Yes \_\_\_ No

List the names and addresses of other churches you have attended regularly during the past 5 years (use back of form if needed). \_\_\_\_\_

\_\_\_\_\_

Why would you like to volunteer to work with children or youth? \_\_\_\_\_

\_\_\_\_\_

What is your experience working with children or youth? \_\_\_\_\_

\_\_\_\_\_

Please list any talent, training, education, special interests, hobbies or other factors that you would bring to your work with children or youth. \_\_\_\_\_

\_\_\_\_\_

**Background**

*Please note that pursuant to the completion of this Leader Application, the Child Advocacy Committee will perform a background check to detect any criminal record of sexual assault, physical assault, sexual abuse, contributing to the delinquency of a minor, or any other incident involving misconduct toward a child or violent crime. Any finding of these types of criminal history may result in the denial of the Leader Application.*

I hereby authorize Good Shepherd Lutheran Church to contact appropriate state and/or local authorities to conduct a check of criminal records to enable Good Shepherd to verify my suitability to serve as a Leader under Good Shepherd’s Child Safety Policy and to verify the accuracy and completeness of my Leader Application. I agree to cooperate and provide such additional information as necessary, for example, providing fingerprints to be used to distinguish persons with common names, to enable Good Shepherd to complete an accurate background check. I further agree that said authorities may release any information which pertains to such records, and I release Good Shepherd and said authorities from all liability resulting from such disclosure. I understand that I am entitled to a complete copy of any background information report of which I am subject upon my request to Good Shepherd.

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

Printed name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Other names used: \_\_\_\_\_ SSN: \_\_\_\_\_

Do you have a current driver’s license/State ID? \_\_\_\_\_ No \_\_\_\_\_ Yes

If no, please explain: \_\_\_\_\_

Have you ever been arrested for, convicted of or pleaded guilty to sexual assault, physical assault, sexual abuse, contributing to the delinquency of a minor, or any incident involving misconduct toward a child AND/OR have you ever been arrested for, convicted of or pleaded guilty to a felony of any kind?

\_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, please explain (attach a separate sheet if necessary): \_\_\_\_\_

Please provide the names and phone numbers of three people who have known you for over five years and can attest to the content of your character, not including relatives or employers. Members of the Committee will contact a minimum of two references that you provide to ask the questions listed on the Reference Interview Form, attached to this Policy.

Reference 1: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Reference 2: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Reference 3: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**Applicant's Statement**

The information contained in this application is correct 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 may have regarding my character and fitness for work with children. In consideration of the receipt and evaluation of this application by Good Shepherd, 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, excepting only the communication of knowingly false information.

I have read or will read the "Child Safety Policy" of Good Shepherd Lutheran Church and have participated in or will participate in the training provided for youth volunteers before acting as a Leader.

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

Leader applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewer signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* \* \* \* \*

For Church Use:

	Date completed:	Completed by:	Comments:
Review of Application			
Interview			
Reference Check 1			
Reference Check 2			
Background Check by _____			
SOR Check			
Fingerprint (if applicable)			

Rescreen Date (MM/YYYY): \_\_\_\_\_

	Date completed:	Completed by:	Comments:
Review of Application			
Background Check by _____			
SOR Check			
Fingerprint (if applicable) (if applicable)			