

# APPLICATION FOR CHILDREN/YOUTH WORKER/VOLUNTEER



**Urban Community Ministries** believes that children are a gift from God and should be treated as such. It is not only our legal but also our moral obligation to protect the health and welfare of our children.

This application is to be completed by all applicants for any position (volunteer or compensated) involving the supervision or custody of minors. It is being used to help us provide a safe and secure environment for those children and youth who participate in our programs and use our facilities.

## PERSONAL

Date: \_\_\_\_\_ Are you over the age of 18? Yes \_\_\_ No \_\_\_

Name: \_\_\_\_\_  
Last First Middle

Identity must be confirmed with a state driver's license or other photographic identification. Copy to be attached to completed application.

Current Address: \_\_\_\_\_  
Street City State Zip

Telephone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Telephone: \_\_\_\_\_

Please list the last 10 years of previous addresses:

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Position applied for: \_\_\_\_\_

Date you are available to start: \_\_\_\_\_

## QUALIFICATIONS

Academic Achievements: (schools attended, degrees earned, dates of completion)

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Continuing education completed: (Courses taken, dates of completion)

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First aid training? Yes \_\_\_ No \_\_\_ Date completed: \_\_\_\_\_ CPR training? Yes \_\_\_ No \_\_\_ Date completed: \_\_\_\_\_

List any injury/disability/health factor that might limit your involvement in ministry activities, or impact the health of children (i.e., communicable diseases, physical limitations, etc.)

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**EMPLOYMENT HISTORY**

Please list your previous employers for the past 5 years.

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

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

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

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

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Position: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Position: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PRIOR VOLUNTEER/CHILDREN/YOUTH WORK**

List volunteer experiences and/or work with youth (list each organization's name, address, type of work performed, and dates):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List training, education, or other factors that have prepared you for children or youth work:

\_\_\_\_\_  
\_\_\_\_\_

List any interest or skills you may be interested in teaching to the youth, if any:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of or pled guilty to a crime, either a misdemeanor or a felony (including but not limited to: drug-related charges, child abuse, and/or other crimes of violence, theft or motor vehicle violations)? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL REFERENCES**

Please list three personal references who are not relatives or former employers. Please print neatly and legibly.

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

How long has this person known you? \_\_\_\_\_ How long has this person known you? \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ How long has this person known you? \_\_\_\_\_

REFERENCE WAIVER AND CONSENT & PHOTO RELEASE

I, \_\_\_\_\_, hereby certify that the information I have provided on this application for working with the youth and/or children (either voluntary or paid) of Urban Community Ministries is true and correct to the best of my knowledge. I authorize any references or people listed in this application to give any information (including opinions) that they may have regarding my character and fitness for work with children or youth work. In consideration of the receipt and evaluation of this application by Urban Community Ministries, I hereby release any individual, 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, on account of compliance or any attempts to comply with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

I hereby grant the Urban Community Ministries permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration. I understand and agree that all photos will become the property of the Urban Community Ministries and will not be returned. I hereby irrevocably authorize the Urban Community Ministries to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo and forever hold Urban Community Ministries harmless.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW 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.

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

AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS CHECK

The following is required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purposes.

Please print your full name \_\_\_\_\_

Please print any other names you have used \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Social Security Number \_\_\_\_\_

Race: (Check the blank) African American \_\_\_ Asian \_\_\_ Caucasian \_\_\_ Hispanic \_\_\_ Other \_\_\_ Gender: Male \_\_\_ Female \_\_\_

Date of birth \_\_\_\_\_ Driver's License Number \_\_\_\_\_ State issuing license \_\_\_\_\_

Name as it appears on license \_\_\_\_\_ Signature \_\_\_\_\_