

**C.N. Jenkins Memorial Presbyterian Church  
Ministry Application Form for Children and Youth Leaders**

This application form is to be completed by all those desiring a ministry position involving the supervision or custody of Children and/or Youth. This form will be completed at the onset of ministry and *resubmitted every six years*. It is being used to help the church provide a safe and secure environment for those Children, Youth and Ministry Leaders who participate in our programs and use our facilities.

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

How long at this address? \_\_\_\_\_ If less than five years, give previous addresses for the past 5 years and length of stay at each address:

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

Years: \_\_\_\_\_

C.N. Jenkins Member since \_\_\_\_\_

If not a Member, how long have you been in regular attendance? \_\_\_\_\_

List (names and addresses) other churches you attended regularly during the last five years:

\_\_\_\_\_

What leadership / volunteer experience have you had with Children / Youth? (Be specific, where possible include dates and place if not at C.N. Jenkins)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Revised Draft, revised by PLansden, 7/10/17**

Please list any other C.N. Jenkins ministries in which you are involved:

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**NOTE: CONFIDENTIAL INFORMATION – TO BE USED ONLY AS STATED IN POLICY**

Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

City, County, and State of birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

All previous legal names/ Aliases: \_\_\_\_\_

Have you ever been convicted of or pled guilty or nolo contendere (no contest) to traffic violation(s) in the last five years? \_\_\_\_\_ If yes, please describe all convictions for the past five years and any conviction resulting in the suspension of your license, whether or not within the past five years.

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Do you have any medical training or are you CPR certified? \_\_\_\_\_

Is there any health related reason, whether physical, emotional or mental, that would keep you from effectively working with or cause any potential harm to Children? \_\_\_\_\_ If yes, please explain.

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Personal References: (Must be over 18 years old and not related to you.)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

The questions listed below are necessary in order to help ensure a safe and secure environment for our Children and for the protection of our ministry leadership. All information is held strictly confidential to the extent allowed by law and any Church legal defense or representation.

Please answer these questions. If you have any concerns regarding the questions, please consult with the pastor providing oversight of age group area:

	Yes	No
Have you been convicted for the use or sale of drugs?	_____	_____
Have you been hospitalized or treated for alcohol or substance abuse?	_____	_____
Are you currently under psychiatric care for, or have you ever been institutionalized regarding, any mental or emotional concerns posing a safety hazard to others?	_____	_____
Have you been convicted for a criminal offense excluding minor traffic violations?	_____	_____
Have you been arrested or convicted for any sexually related crimes?	_____	_____
Have you been arrested or convicted for any crime involving a minor?	_____	_____
Have you ever been denied participation in supervising Youth activities in any organization?	_____	_____

Please explain fully any yes answers. Attach additional sheets if necessary.

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### **Applicant's Statement**

The information contained in this application is correct and complete to the best of my knowledge. I agree to inform the Church immediately should any of the information provided in this application change. I authorize any references, churches, or other organizations listed in this application to give you any information they may have (including employer's opinions) regarding my character and fitness for working with Children or Youth and I hereby release all such references, churches, or other organizations from liability for damages of whatever kind or nature that may result from furnishing such evaluations to you. I waive any right I may have to inspect any information provided about me by any person or organization identified by me in this application.

Should my application be accepted, I agree to follow the Child and Youth Protection Policy and to refrain from Inappropriate Treatment, as defined therein, in the performance of my services on behalf of the church. I understand that any violation of this Child and Youth Protection Policy or misrepresentation of information that I have provided may result in termination of employment or volunteer service with Children/Youth.

I have no past conviction of or pending proceeding addressing an allegation of child abuse or neglect.

I authorize that a Criminal and Civil Records Check may be conducted on me and that any information which pertains to any record of convictions contained in police files or any criminal or civil file maintained on me, whether state or local, be released to the church. In so authorizing, I release any law enforcement agencies, C.N. Jenkins Presbyterian Church or those individuals receiving the results of the check from any and all liability resulting from such disclosure.

I acknowledge that I have read the C.N. Jenkins Child and Youth Protection Policy and the Code of Conduct and have received copies for my personal use.

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 IN EXCHANGE FOR THE OPPORTUNITY TO SERVE AS AN C.N. JENKINS CHILD AND/OR YOUTH MINISTRY LEADER. This is a legally binding agreement, which I have read and understand. I understand that the personal information will be held confidential by the professional church staff, unless otherwise required by law or necessary for Church's legal defense or representation.

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