

## The Second Congregational Church, U.C.C., of Bennington, Vermont

# APPLICATION

This form 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 assist this congregation in providing a safe, secure, and affirming environment for all children and youth who participate in our programs, Information provided on the pages 2 and 3 will be kept strictly confidential and shared only among the Pastor, the Coordinator of Children and Youth Ministries, and the Chair of the Board of Christian Education.

### Personal Information

|  |                        |
|--|------------------------|
| Name:  | Date completed:        |
| Present Address:   |                        |
| City/State/Zip:  |                        |
| County:  | Years at this address: |
| Telephone number:  | Email address:         |
| <input type="checkbox"/> I have been a member of this church since _____.                      |                        |
| <input type="checkbox"/> Although not a member I have been active and known in it since _____. |                        |

Have you had previous experience working with children or youth in a church setting? If so, please indicate where, when, and for how long.

Have you had previous experience working with children or youth in other settings? If so, please indicate where, when, and for how long.

Please list any talents, gifts, special training, etc. you have which might be helpful in our programs:

(Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

# CONFIDENTIAL

Name \_\_\_\_\_

## Screening Release

In order to do everything it can to insure the safety, security, and affirmation of all its children and youth, the Second Congregational Church, U.C.C., needs to have the ability to screen all volunteer and paid workers. Signing below constitutes release and agreement to the Church's conducting a confidential Reference Check and Criminal Background Check.

|  |  |
|--|--|
| Have you ever been convicted of or plead guilty to a crime?<br>If yes, please explain in the box on page 3 of this form. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

If you have lived in your current county for fewer than seven (7) years, please give other addresses for that period in the space on the back of this sheet.

## Personal References (not former employers or relatives)

|                |                |
|----------------|----------------|
| Name:          | Name:          |
| Address:       | Address:       |
| City/State/Zip | City/State/Zip |
| Telephone:     | Telephone:     |

## Criminal Background Check Release Data

|                     |                                    |
|---------------------|------------------------------------|
| Date of Birth:      | Place of Birth:                    |
| Maiden Name:        | List any aliases:                  |
| Social Security No. | Driver's License State and Number: |

## Agreement and Release

I agree to be bound by the Policies of the Second Congregational Church, U.C.C. regarding behavior with children and youth and agree to:

- ❖ *To honor each child's integrity and worth as a child of God.*
- ❖ *To provide an affirming and safe environment for children and youth to grow socially and spiritually.*
- ❖ *To continue to seek to grow in my own faith and knowledge.*
- ❖ *To work in partnership with the professional staff, volunteers, and Christ as a part of this family of faith.*

I state that: I HAVE CAREFULLY READ THE FOREGOING RELEASE AND AGREEMENT AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AND AGREEMENT AS MY OWN FREE ACT.

(Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

**CONFIDENTIAL**

## CONFIDENTIAL

Information about any previous conviction or plea of guilty to a crime, including date(s), nature of the crime(s), and jurisdiction(s):

Previous addresses during the last seven years:

(2) Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

County \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

(3) Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

County \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

(4) Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

County \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

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