

American River Community Church

**CONFIDENTIAL**  
**APPLICATION FOR CHILDREN/YOUTH WORK**

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 the church provide a safe and secure environment for those children and youth who participate in our programs and use our facilities.

**PERSONAL**

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

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

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

Home & Work Phone; E-mail address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Drivers License # & state issued: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

What age of children/youth do you prefer to work with? \_\_\_\_\_

On what date would you be available to start and during which service (9:30-10:30 or 11:00-12:00)?  
\_\_\_\_\_

No civil lawsuit alleging actual or attempted sexual harassment, exploitation, or abuse; discrimination; physical abuse; child abuse; spousal abuse; or financial misconduct has ever been successfully prosecuted against me, settled out of court, or dropped because the statute of limitations had expired.

True  False

My employment has never been terminated for actual or attempted sexual harassment, exploitation, or abuse; discrimination; physical abuse; child abuse; spousal abuse; or financial misconduct by me; nor have I terminated my employment primarily to avoid facing such charges or to avoid being terminated because of such charges.

True  False

Has your driver's license ever been suspended or revoked?

Yes  No If yes, please explain:  
\_\_\_\_\_

Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of minors?

Yes  No

If yes, please explain: \_\_\_\_\_

Are you currently taking any medications, or do you have any medical conditions (psychological, physical, etc.) that could 1) impair your ability to work with children or 2) we should simply be made aware of.

Yes  No

If yes, please describe: \_\_\_\_\_

Please briefly describe your commitment to Christ: \_\_\_\_\_

(OVER)

I have been a member of ARCC since \_\_\_\_\_ **OR** (if not a member) I have regularly attended since \_\_\_\_\_

List name & city of churches you have attended regularly during the past five years (please start with the most recent and work back):

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List all previous church work involving youth/children (identify church and type of work):

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

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“I have read the Sunday Morning Children’s Ministry booklet in its entirety.”  Yes  No

**PERSONAL REFERENCES**

Note: No more than one reference is allowed to be a relative. Please include at least one church member.

Name \_\_\_\_\_ Years Known: \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Years Known: \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Years Known: \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Relationship \_\_\_\_\_

**APPLICANT’S STATEMENT**

The information contained in this application is true and correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information they may have regarding my character and fitness for children/youth work. I release all such references from liability for any damage that may result from furnishing such evaluations to you, and I waive any right that I may have to inspect references provided on my behalf.

Should my application be accepted, I agree to be bound by the Constitution and Policies of American River Community Church of Carmichael, CA, and to refrain from inappropriate behavior as described in the Child Abuse and Neglect Reporting Act (Penal Code Part 5, Title 1, article 25, SSIII64 et seg.) in the performance of my services on behalf of the church. I will submit to a background check and be finger printed.

Applicant’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant’s Name Printed \_\_\_\_\_