

Holy Trinity Anglican Church

Application to serve in Children and Student Ministries

This application is to be completed by those interfacing with children under the age of 18. This includes chaperones for on or off-site activities and any activity that takes place on our campus whether or not a ministry of Holy Trinity Anglican Church. Thank you for helping to make Holy Trinity a safe and secure environment for children and volunteers!

Personal Information:

Name _____
Last First Middle Maiden

Other names used (nicknames, previous legal names, aliases) _____

Date of Birth ____/____/____ Place of Birth _____

Male ____ Female ____ Marital status: _____ Spouse: _____

Current Address: _____

Date (month/year) moved into current address ____/____

Home Phone _____ Work Phone _____ Cell _____

E-mail _____

Background Information

1. How long have you been attending Holy Trinity Anglican Church? _____

2. Are you a member of Holy Trinity Anglican Church? __ Yes __ No

3. Names and addresses (city and state) of churches you have attended regularly during the past five years

4. Please describe all your previous church work involving children or youth. Identify the church, its location, the dates of your work there, the type of work you performed, and your previous supervisors name and contact information (this can serve as one of your three references).

5. Please describe any callings, gifts, training, education, or other factors that have prepared you to work with children or youth and why you want to work with children or youth.

6. Please briefly when you came to faith, explain your understanding of the Gospel, and how your relationship with Jesus has changed your life.

7. Have you ever been convicted of, or pled guilty to, or are charges pending concerning any crime or misdemeanor involving actual or attempted child abuse, neglect or molestation?

Yes No please initial

If yes, please provide details below

8. Have you ever been charged with a sexual offense or crime of violence? Yes No please initial

If yes, please provide details below

9. Have you ever been convicted of, pled guilty to, or have charges pending concerning any other crime? *Note: Conviction of a crime that does not involve any risk to children or youth is not an automatic bar to volunteer service.*

Yes No please initial

If yes, please provide details below

10. Have you ever been the subject of a civil lawsuit involving, or an investigation or allegation of, sexual misconduct, sexual harassment or other immoral behavior or conduct involving adults or children? ___ Yes ___ No please initial
If yes, please provide details below

11. Do you have any investigation, review or disciplinary action pending by an employer, organization in which you volunteered, or professional association for sexual misconduct, violence or misconduct involving children? ___ Yes ___ No please initial
If yes, provide details below

12. Have you at any time during the past five years used illegal drugs or other illegal controlled substances? ___ Yes ___ No please initial

13. Have you ever participated in the creation, dissemination, or transmission of pornography or pornographic materials of any type? ___ Yes ___ No please initial

Is there any fact or circumstance about you or your background that would call into question the advisability of entrusting you with the supervision, guidance and care of children?

References:

Please list three personal references (may not be related or current rector)

Name _____

Address _____

City, State and Zip Code _____

Phone Number _____

Email address (optional): _____

Is this person a member of Holy Trinity Anglican Church? ___ Yes ___ No

Name _____

Address _____

City, State and Zip Code _____

Phone Number _____

Email address (optional): _____

Is this person a member of Holy Trinity Anglican? Yes No

Name _____

Address _____

City, State and Zip Code _____

Phone Number _____

Email address (optional): _____

Is this person a member of Holy Trinity Anglican Church? Yes No

Applicant's Statement: *The information contained is correct to the best of my knowledge. I authorize any references, churches, or organizations listed in this application to give you information they may have regarding my character and fitness for working with children. I release all such references from my liability for any damages that may result from furnishing such evaluations to Holy Trinity Anglican Church. I understand that I will be asked to complete the necessary paperwork for a criminal background check. I release Holy Trinity Anglican Church from all liability and damages that may occur from the results of this information. I understand that personal information will be held confidential by the professional church staff.*

Applicant signature: _____ **Date:** ____/____/____

Digital Signature

Holy Trinity Anglican Church Screening Statement

Have you ever:

- Been arrested for, or convicted of, any crime involving child abuse and/or neglect, or had any such conviction expunged? Yes No please initial
- Been charged with child sexual abuse in a civil proceeding? Yes No please initial
- Committed an act of child sexual abuse? Yes No please initial
- Been diagnosed with any paraphiliac psychological condition, as defined by the American Psychiatric Association, including, but not limited to, pedophilia, voyeurism, or exhibitionism (except where such inquiry is prohibited or limited by applicable laws or regulations)?
 Yes No please initial

Have any other members of your household:

- Been arrested for, or convicted of, any crime involving child abuse and/or neglect, or had any such conviction expunged? Yes No please initial
- Been charged with child sexual abuse in a civil proceeding? Yes No please initial
- Committed an act of child sexual abuse? Yes No please initial
- Been diagnosed with any paraphiliac psychological condition, as defined by the American Psychiatric Association, including, but not limited to, pedophilia, voyeurism, or exhibitionism (except where such inquiry is prohibited or limited by applicable laws or regulations)?
 Yes No please initial

Printed Name

Digital Signature

Date