



Application to work with Children

CONFIDENTIAL

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 or youth who participate in our programs and use our facilities.

PERSONAL

Name: _____
(Last) (First) (Complete Middle)

Address: _____
(Street) (City) (State) (Zip Code)

Home Phone: _____ Work Phone: _____ Email: _____

Maiden Name and/or Aliases: _____ Date of Birth: _____

Which area of children or youth ministry do you prefer to work in? _____
(Birth- 3, 3-5 Year Olds, 1st-5th Graders, 6th-12th Graders)

Which services would you best be able to serve in? *Circle all that apply* 9:30 11:30 6:00pm

On what date would you be available? _____

Minimum length of commitment: _____

Do you have any physical handicaps or conditions preventing you from performing certain types of activities relating to youth or children's work? Yes ___ No ___ If yes, please explain:

CHURCH ACTIVITY

How long have you been attending this church? _____

Do you currently attend an MSF small group? If yes, which one? _____

If no, would you like more information about joining one? _____

List (name, phone, and address) of other churches you have attended regularly during the past five years: _____

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

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

Children/Youth Worker Guidelines

The following guidelines reflect our commitment to provide protective care to all children, youth, volunteers, and staff who participate in Church-sponsored activities.

Please initial after reading each statement.

1. All adult volunteers and staff shall confess Jesus Christ as their personal Lord and Savior, be a member or regular attendee of Morning Star Fellowship for at least six months. _____
2. Adults who have perpetrated and/or have been convicted of either sexual or physical abuse of a child/ children will not be permitted to serve as volunteers with children/youth. _____

Have you ever **perpetrated** any of these crimes?

Yes _____ No _____

Have you ever been **accused of** or **been convicted of** any of these crimes?

Yes _____ No _____

3. Adult volunteers and staff are to observe the “two adult” rule. This requires that adults make every reasonable effort to avoid being in an isolated setting with children or youth without another worker. _____
4. Volunteers or staff are to immediately report to Pastor John or Theresa any behavior which seems abusive or inappropriate or any incident reported by a child or adolescent. _____
5. When an allegation of abuse is brought to the attention of the staff, it will be reported to outside authorities (Childline and/or the Police). The volunteer or staff member accused will be informed that he/she may not minister to children/youth at MSF during the investigation. _____

Do you have any questions about these guidelines? Yes _____ No _____

As a Church volunteer, do you agree to observe all Church guidelines regarding working with children/ youth? Yes _____ No _____

Do you have any personal history of abuse (of any kind) that you feel would prevent you from complying with these guidelines for working with children OR reporting abuse? Yes _____ No _____

Are you willing to fill out a consent form for a criminal and child abuse background check?

Yes _____ No _____

Are you willing to attend a training seminar entitled “Keeping Kids Safe” to become familiar with MSF’s Child Abuse Prevention guidelines?

Yes _____ No _____

Personal References

Please list 3 references that are not related to you.
If possible, include one reference from church.
Please **do not** use any current Pastoral Staff member of MSF.

Please provide complete information:

This side for office use only.

MSF Reference (someone who attends our church) Name _____ Address _____ City _____ State _____ Zip _____ Daytime Telephone Number _____ Evening Telephone Number _____	Date Contacted: _____ Comments: _____ _____ _____ _____ Initials: _____
Personal Reference Name _____ Address _____ City _____ State _____ Zip _____ Daytime Telephone Number _____ Evening Telephone Number _____	Date Contacted: _____ Comments: _____ _____ _____ _____ Initials: _____
Personal Reference Name _____ Address _____ City _____ State _____ Zip _____ Daytime Telephone Number _____ Evening Telephone Number _____	Date Contacted: _____ Comments: _____ _____ _____ _____ Initials: _____

In the case that we cannot reach one of your references by phone, we ask that you please sign the bottom of this page. We will only mail this to a reference if necessary.

Applicant's Statement

The information contained in this application is correct to the best of my knowledge. I authorize any reference or churches listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for children/youth work. I release all such references from any liability for furnishing such evaluations to you, provided they do so in good faith and without malice. I waive any right that I may have to inspect references provided on my behalf.

I hereby authorize Morning Star Fellowship of Quakertown to make application to the Pennsylvania State Police for a Criminal Record Check and a Child Abuse Clearance and agree to sign any documentation necessary to secure these records.

Should my application be accepted, I agree to abide by the guidelines of Morning Star Fellowship and to refrain from unscriptural conduct in the performance of my services on behalf of the church.

Applicant's Signature: _____ Date: _____

Witness Signature: _____ Date: _____



Dear Sir or Madam:

We recently received an application from _____ to work in our Children and/or Youth Department Ministries. As a church we feel obligated to do our best to ensure the safety and well being of any child involved in our church programs. Therefore, we do reference checks on all persons involved in working with minors. Please take a moment to complete the reference form below. For your convenience we have made this form easy for you to mail back to us. Just fold the top portion down and the bottom portion up and secure (with a piece of tape or a staple) and return.

Thank you for your assistance in helping us make Morning Star Fellowship a safe, friendly and fun place for children. If you have any questions, please feel free to call me at (215) 529-6422. Thank you.

John Decker/Pastor

Applicant: _____ Personal Reference: _____

Confidential Personal Reference Questionnaire

1. In your opinion, is there any reason the above referenced person should NOT work with children?
Yes ____ No ____ If yes, please comment:

Comments: _____

2. I recommend the above referenced applicant to work with children. Yes ____ No ____

3. I would like to speak with you personally concerning the above referenced applicant. Yes ____ No ____
I can be reached at _____ during the day and _____ during the evening. (Please include the area code)

Signature: _____ Date: _____

I am aware that this reference check is being made _____
(Signature of Applicant)

MSF Quakertown
Att: Amanda Detweiler
429 South 9th Street
Quakertown, PA 18951

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