



St. Andrew's Lutheran Church

Volunteer Child and Youth Worker Screening 2021

Name: _____
first initial last

Address: _____
number street Apt No., Unit No., P.O Box

City/Town ZIP Code:

Phone, Fax, Email:

Home #: _____ Cell # _____ (H) Email: _____

Work #: _____ (W) Email: _____

Best time to call? a.m. p.m.

Ministry Position applying for: _____

Start Date: _____

List any ministries in which you would like to serve.

- | | |
|---|--|
| <input type="checkbox"/> Vacation Bible School Teacher/Assistant/Aide | <input type="checkbox"/> Sunday School Teacher/Assistant/Aide |
| <input type="checkbox"/> Wednesday School Teacher/Assistant/Aide | <input type="checkbox"/> Spiritmovers (dance) Teacher/Assistant/Aide |
| <input type="checkbox"/> Confirmation Guide/Mentor | <input type="checkbox"/> Youth Sponsor |
| <input type="checkbox"/> Other Ministry (please list) _____ | |

Are you a member or regular participant of St. Andrew's Lutheran Church? Yes No

If yes, approximately when did you become a regular participant? _____

Have you ever been fingerprinted in the state of California? Yes No

If yes, for what reason (employment, etc.)? _____

Have you ever been accused of sexual misconduct or other boundary violations involving minors? Yes No **If yes, please explain:** _____

List names and addresses of other churches you have regularly attended in the last five years: _____

List any qualifications, gifts, training, education, skills or other factors that you bring to these ministries:

Relevant Volunteer Experience:

<i>Organization outside the church</i>	<i>Position/Major Responsibility</i>	<i>Dates of service (yy/mm)</i>
		<i>From: To:</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Church Experience:

<i>Position</i>	<i>Major Responsibility</i>	<i>Dates of service (yy/mm)</i>
		<i>From: To:</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employment/Training Background:

<i>Employer</i>	<i>Position/Major Responsibility</i>	<i>Dates of service (yy/mm)</i>
		<i>From: To:</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please read carefully. A check in each box indicates agreement.

- € I understand that ministry is a privilege, not a right, and that my desire to serve must, at all times, be affirmed by St. Andrew’s Lutheran Church through its screening process
- € I understand that a position involving work with minor children (anyone under age 18) requires that I provide three references as part of the screening process.
- € I understand that in volunteering for a ministry position, I am committing myself to act in compliance with the beliefs, values, policies and processes of St. Andrew’s Lutheran Church.
- € I am committing myself to being a role model for others.
- € I understand the responsibilities associated with this ministry position and am aware of policies that affect this ministry.
- € I understand that training and accountability are key for my position. Therefore, I will attend training, as required by the position, and meet regularly with the leader(s) responsible for the ministry for which I am volunteering.
- € I have not been convicted of any criminal offense.
- € I have not been subjected to any type of disciplinary action for sexual misconduct or other boundary violations involving minors (persons under the age of 18).
- € I have viewed the video “Reducing the Risk” sometime within the last 24 months. (list approximate date _____)

Signature of Applicant

Date

Reference Check Permission Form

Required for any ministry involving children or youth under age 18

I _____, give St. Andrew's Lutheran Church permission to contact the references listed below to discuss my suitability as a volunteer working with children or youth under age 18.

Signature: _____ Date: _____

List three persons who have knowledge of your qualifications. Your references should be people you know through different relationships and/or situations, such as a friend, an employer, and someone from an organization in which you previously volunteered. Please ensure that one of the references has known you for at least 5 years. DO NOT USE FAMILY MEMBERS AS REFERENCES.

If you have moved from another congregation within the last 12 months, please provide one reference from your previous congregation.

Reference One

Name: _____
first initial last

Address: _____
number street Apt No., Unit No., P.O Box

City/Town ZIP Code:

Phone: _____ Fax: _____ Email: _____

Best time to call? a.m. p.m. Cell #: _____

Relationship to the candidate: _____ Length of relationship: _____

Reference Two

Name: _____
first initial last

Address: _____
number street Apt No., Unit No., P.O Box

City/Town ZIP Code:

Phone: _____ Fax: _____ Email: _____

Best time to call? a.m. p.m. Cell #: _____

Relationship to the candidate: _____ Length of relationship: _____

Reference Three

Name: _____
first initial last

Address: _____
number street Apt No., Unit No., P.O Box

City/Town ZIP Code:

Phone: _____ Fax: _____ Email: _____

Best time to call? a.m. p.m. Cell #: _____

Relationship to the candidate: _____ Length of relationship: _____