

Full Name: _____

Home Address: _____

Daytime Phone: _____ Evening Phone: _____

E-Mail Address: _____

Occupation: _____

Employer: _____

Current Job Responsibilities: _____

Previous Experience with Children/Students: _____

Special Interests, Hobbies, Skills: _____

Availability to Work? (Check One or More)

Days: _____

Evenings: _____

Weekends: _____

Can You Make a One-Year Commitment? Yes or No

Do You Have Your Own Transportation? Yes or No

Do You Have a Valid Driver’s License? Yes or No

Why Do You Want To Work With Children/Students? _____

What Gifts, Education, Training, or Interests Do You Have That Would Help You Work With Children/Students?

Have you completed the Spiritual Gifts Assessment?

What are your views on appropriate ways to discipline?

Have you ever been charged with, convicted of, or plead guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, or other crimes of violence, theft or serious motor vehicle violations)? Yes or No

If “Yes” explain: _____

Have you ever had to deal with a child abuse situation in any way, including being abused, being accused of abuse, knowing someone who was abused, etc.? Yes or No

If Yes, please explain: _____

If Yes, what was your role: _____

References: Please list three personal references (i.e., people who are not related to you by blood or marriage) and provide a complete address and phone number for each.

Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Relationship to Applicant: _____

Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Relationship to Applicant: _____

Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Relationship to Applicant: _____

Do we have your permission to contact these references as well as anyone else in order to obtain information about you for the purpose of considering you for a position of one who would work with children and / or students? ____ Yes ____ No ____

Do we have your permission to share this information with those persons who will participate in acting on this Application? ____ Yes ____ No ____

Signature of Applicant: _____ Date: _____