

Chapel of the Cross

Confidential Protection Application For Ongoing Serving Opportunities

Instructions:

This application may be filled out in 2 ways: by tabbing from field to field then printing OR by printing first and then completing manually. Either method requires a signature. Mailing instructions are found at the end of the document.

Purpose:

To enable ministries to carry out their missions while protecting children, students, adults and leaders.

Values of the Program:

1. Protect minors and vulnerable adults
2. Protect volunteers and staff
3. Protect the Ministries
4. Protect the Church

Explanation:

This application will be asking some very personal and private questions. It is our intention to find out more about the people that we are entrusting with minors (under age 18) and vulnerable adults (i.e. disabled adult, nursing home resident, etc.). The information contained in this application will be treated with the utmost of confidentiality and respect. Our church Board has mandated strict criteria for the treatment and storage of confidential Documents. At all times, these instruments will be stored under a double locked system (in a locked file cabinet located in a locked office). No one will have access without proper authorization.

The questions contained herein are not designed to offend or to pass judgment, but rather create an environment where a person's past will not hinder the ministry in carrying out their mission in a safe, fun and productive way. If you are a person who must answer affirmatively to any of the questions on the following page, we may contact you for a personal interview. Please be assured that answering affirmatively does not necessarily preclude you from ever serving with youth.

This application is to be completed by all applicants for any position (volunteer or compensated) involving interaction with minors or vulnerable adults. This is **not** an employment application.

Ministry Name:

General Information:

Date _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Social Security #: _____

Home Phone: _____ Work Phone: _____

e-mail _____

Spouse's Name: _____ Date of Birth: _____

Are you: Single Married Separated Divorced Widowed

Do you have children? No Yes If yes, how many?

Background Information:

Do you regularly attend weekend services? No Yes, Since

Do you regularly attend mid week services? No Yes, Since

Have you accepted Jesus Christ as your Lord and Savior and are you committed to having the character of Jesus live through you? No Yes

Have you been baptized as an adult? No Yes

Are you a Participating Member of Chapel of the Cross? No Yes

I have chosen to work in this Ministry because:

I am involved with the following serving groups

I am involved with the following small groups

List previous church work involving youth or vulnerable adults during the past 10 years. Include dates of work, church's name and location, and work performed.

List previous non-church work involving youth or vulnerable adults during the past 10 years. Include dates of work, organization's name and location, and work performed.

Employment History:

Present Employer:

Supervisor:

Address:

City:

State:

Zip:

Position(s) Held

Employment Dates:

If you have been employed at this position less than 2 years, provide information on each job during that period. (Please use the back of this page for additional space)

References:

List three people that you know who meet the following criteria:

- 1) Is over 18 years old.
- 2) Is not related to you.
- 3) Has seen you around minors or vulnerable adults.
- 4) Has known you for more than 1 year.
- 5) Has a definite knowledge of your character.

One:

Name: _____ Nature of Association: _____

Occupation: _____ Length of Time Known: _____

City and State of Residence: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ e-mail: _____

Two:

Name: _____ Nature of Association: _____

Occupation: _____ Length of Time Known: _____

City and State of Residence: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ e-mail: _____

Three:

Name: _____ Nature of Association: _____
Occupation: _____ Length of Time Known: _____
City and State of Residence: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ e-mail: _____

Previous Address:

If you have lived at your current address for less than 7 years, provide information on all addresses during that period.

Address: _____
City: _____ State: _____ Zip: _____
Dates: _____

Address: _____
City: _____ State: _____ Zip: _____
Dates: _____

Address: _____
City: _____ State: _____ Zip: _____
Dates: _____

Personal Situations:

Have you ever been concerned that you may have an addiction to drugs, alcohol, pornography or any other addiction; or has anyone ever suggested that you may have a problem with any of the above?

No Yes If yes, explain

Have you ever been arrested, convicted or pleaded guilty to a crime?

No Yes If yes, explain

Have you ever been accused, charges, alleged to have or have you ever committed any act of neglecting, abusing, molesting or battering any child or adult? Or have you had any kind of a relationship with a minor or vulnerable adult that has brought sexual gratification to yourself?

No Yes If yes, explain

Have you ever been treated for a psychiatric disorder?

No Yes If yes, explain

Has there been any abuse in your family background with drugs or alcohol or that was emotional, physical or sexual in nature?

No Yes If yes, what steps have you taken to minimize the impact that those issues will create for you?

Have you ever voluntarily left or been asked to leave a role within an organization due to a concern regarding inappropriate conduct with minors or adults?

No Yes If yes, explain

Is there any circumstance or pattern in your life, which would make it inappropriate for you to serve with minors or vulnerable adults, or would compromise the integrity of Chapel of the Cross Church of the Nazarene?

No Yes If yes, explain

Spiritual Journey:

Whether we are devoted believers or still in the process of investigation, we all have a spiritual history. Please take a few moments to describe your journey thus far.

Applicant's Statement:

The information contained in this application is correct to the best of my knowledge. I authorize the release of the information contained in this application, on a confidential, need to know basis, to any Ministry at Chapel of the Cross Church of the Nazarene in which I seek a position (volunteer or compensated). In consideration of the receipt and evaluation of this application by Chapel of the Cross, I hereby release any individual, church, youth organization, charity, reference or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature, which may at any time result to me, my heirs or family, on account of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization, but I may contact Chapel of the Cross to inquire about information provided about me.

Should my application be accepted, I agree to refrain from unscriptural conduct in the performance of my services on behalf of the Church.

Also, I hereby request and authorize the release of any information which pertains to any record of convictions contained in law enforcement files or in any criminal file maintained on me whether local, state or national. I hereby release local, state and national law enforcement agencies from any and all liability resulting from such disclosure.

I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a legally binding agreement, which I have read and understand.

Print Applicant's Full Legal Name _____

Print Maiden Name or Any Aliases _____

City, State & Country of Birth _____

Applicant's Gender M F Ethnic Background _____

Applicant's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____
(if applicant is a minor)

**Please print, sign and return application in person or by mail.
Do not submit electronically**

