

Chapel of the Cross

Confidential Protection Application

One-Time Serve 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: _____

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

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.

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.

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**

**Chapel of the Cross Church of the Nazarene
Attn: Protection Ministry**

