

**Level II Screening Form - Adult**

**Child/Youth Worker Application Form**

It is the goal of Lake Travis United Methodist Church (LTUMC) to create a safe and secure atmosphere for all children who participate in activities of this church. To facilitate that purpose, it is necessary to gather certain information from individuals desiring employment or offering volunteer services to children and youths. This information will be used for the sole purpose of helping the church provide a safe and secure environment for these children who participate in our programs and use our facilities.

**Personal Information**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Address: \_\_\_\_\_

Employer (if applicable): \_\_\_\_\_

Phone: Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ OK to call here?  
Other: ( ) \_\_\_\_\_

1. Are you a member of LTUMC? \_\_\_\_\_ If no, what is your church affiliation? \_\_\_\_\_  
\_\_\_\_\_

2. Have you worked with children at LTUMC before? \_\_\_\_\_ Other places? \_\_\_\_\_ If yes, what and where? \_\_\_\_\_

3. What special skills/talents do you have? Please explain: \_\_\_\_\_  
\_\_\_\_\_

4. Are you currently active in other church ministries (i.e. boards, committees, etc.) or where have you served? \_\_\_\_\_  
\_\_\_\_\_

5. Do you have any training/certification in first aid or CPR? \_\_\_\_\_

6. What concerns do you have in working with children or youth (about yourself or about children)?  
\_\_\_\_\_  
\_\_\_\_\_

7. Is there any reason why you should not work with children or youth? \_\_\_\_\_  
Please Comment: \_\_\_\_\_  
\_\_\_\_\_

8. Have you ever been the subject of a child abuse investigation? \_\_\_\_\_  
If yes, was the allegation substantiated? \_\_\_\_\_ Please comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Have you ever been abused? \_\_\_\_\_ If yes, was it reported? \_\_\_\_\_

Please comment: \_\_\_\_\_

\_\_\_\_\_

*Answering yes or leaving question #9 unanswered will not automatically disqualify an applicant for work with children or youth. Would you like to talk with staff about counseling? \_\_\_\_\_*

10. Have you ever been convicted of or pleaded guilty to a criminal offense against a person? \_\_\_\_\_

If yes, please comment: \_\_\_\_\_

\_\_\_\_\_

### **References**

Please supply 3 references, one reference must be a member of LTUMC.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

The information contained in this application is accurate to the best of my knowledge. I authorize any references or churches listed in this application to give you any information that they may have regarding my character and fitness for children or youth work.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_