

Children And Youth Worker Application

Organization

NM District Church of the Nazarene

Name: _____ Phone: _____

Address: _____

Email: _____

Age range: 18 or younger 19-25 26 or older

In which children / youth programs do you want to become involved?

What skills would you bring to the children / youth program?

What other children / youth work experience do you have? (Please list)

Organization	Program	Dates	Contact

Have you at any time ever:

Been arrested for any reason? Yes No

Been convicted of, or pleaded guilty or no contest to, any crime? Yes No

Engaged in, or been accused of, any child molestation, exploitation, or abuse? Yes No

Are you aware of:

Having any traits or tendencies that could pose any threat to children, youth, or others? Yes No

Any reason why you should not work with children, youth or others? Yes No

If the answer to any of these questions is "yes," please explain in detail:

Church Activity

What church or churches have you attended in the past five years?

Church Name	Pastor's Name	Years Attended

References (other than relatives) Please provide at least two. One must be your current Pastor.

Name/Relationship	Email Address	Phone

Children's / Youth Work Verification and Release

I recognize that the NM District Church of the Nazarene is relying on the accuracy of the information I provide on the Children's / Youth Work Application Form. Accordingly, I attest and affirm that the information I have provided is absolutely true and correct.

I authorize the organization to contact any person or entity listed on the Children's / Youth Work Application Form, and I further authorize any such person or entity to provide the organization with information, opinions, and impressions relating to my background or qualifications.

I voluntarily release the organization and any such person or entity listed on the Children's / Youth Work Application Form from liability involving the communication of information relating to my background or qualifications. I further authorize the organization to conduct a criminal background investigation if such a check is deemed necessary.

I have carefully read the policy and procedures of the organization, and I agree to abide by them and to protect the health and safety of the children or youth assigned to my care or supervision at all times.

Printed Name:

Signature:

Date:

This form may be filled out and submitted online at:

www.nmnaz.com/ .htm

**Or scan and email the completed form to the district Nazarene Safe Coordinator:
Jessica Zottneck at jessica.zottneck@gmail.com**