

***Crossroads  
Church***



**Children & Youth  
Worker's Application**

Because it is our desire to provide a safe and secure environment for our children and youth who participate in our church programs, this application is to be completed by anyone desiring to work with children and youth at Crossroads Church.

**Volunteer Application**  
**Part 1**  
**General Information**

**Personal**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Status:    Part Time    Full Time    Homemaker    Student    Retired

Marital Status:    Single    Married    Divorced    Remarried    Widowed

Names and ages of Children:

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**Education**

High School attended: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

College attended or attending: \_\_\_\_\_ Year Graduated or year in college: \_\_\_\_\_

Degree received or pursuing: \_\_\_\_\_

**Church Experience**

Previous experience- Please list the organizations or churches where you have served in the area of children's and/or youth work in the past five years. Please be specific.

Desire to serve- Please list the ways you would like to serve within with our children's and/or youth ministries.

List the name and address of any other churches you have attended regularly during the past five years:

List any experience, training, education, spiritual gifts or other factors that have prepared you for ministry to youth or children:

**Personal References**

Please list the name, address, and phone number of three personal references (not former employers or relatives) who would know you and be willing to complete a reference form, in the event that personal references are needed or required.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**CONFIDENTIAL**  
**Part 2**  
**Legal Concerns**

In caring for our youth and children, we believe it is our responsibility to seek volunteer staff that are able to provide healthy, nurturing relationships in a safe and secure environment for those students who participate in our programs and use our facilities. Please answer the following questions accordingly.

1. Have you ever been accused or convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor? Yes / No

If yes, please explain:

2. Have you ever been arrested and/or convicted of a crime? Yes / No

If yes, please explain:

3. Have you ever gone through treatment for alcohol or drug use? Yes / No

If yes, please explain:

4. Have you ever had your license revoked because of a traffic offense? Yes / No

If yes, please explain:

Complete Legal Name (first/middle/last): \_\_\_\_\_

Complete Legal Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

Name of Auto Insurance Company: \_\_\_\_\_

The information contained in this application is correct 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 to be working with youth and/or children. I release all such references from any liability for furnishing such evaluations to you, provided they do so in good faith and without malice. Should my application be accepted, I agree to abide by the Child Protection Policy of Crossroads Church and to refrain from inappropriate conduct in the performance of my service on behalf of the church.

By signing below I grant Crossroads to conduct a thorough criminal background check.

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

**Child Protection Policy & Worker Supervision  
Policy Statement:**

The quality of our staff is very important. We are looking for men and women who have a desire to care for children and youth. It is our desire to keep those that God has entrusted to us as safe and secure as possible.

All personnel of Crossroads Church (both volunteer and compensated), who work with children (under 18 years of age), must adhere to the following policies and procedures in order to reduce the risk of child sexual abuse (See attachment for definition of sexual abuse):

1. Fill out the "Youth and Children's Ministries Volunteer Application" form. The confidential section of these forms will be kept in a secure file in the church office.
2. Participate in training regarding child abuse in the following form(s):
  - A. Review the policies and procedures of CRC.
3. Sign the "Child Protection Policy Acknowledgment" form, indicating that both the above training requirements have been satisfied. This form will be kept on file in the church office.
4. Any volunteer who has been in active children's or youth ministry at CRC less than two years will be asked to provide references.
5. Follow these procedures:
  - A. "Rule of Two".
    1. Nursery through Grade 5. Two adult supervisors or one adult and one teenager must be present during any church children's. Classes without two supervisors must either cancel or combine with another class.
    2. Grades 6 through Grade 12. One adult may meet with two or more youth. One adult must not meet with one student alone, unless parental/guardian permission has been granted. This also applies to transportation to and from events.
  - B. Church staff or volunteer workers must obtain the consent of a child's parent or guardian before going out alone with that child, spending time alone with that child, or spend- time with the child in an unsupervised situation. Workers should also notify an appropriate church leader of such meetings in advance if at all possible. If parental or guardian consent is not obtained, the "Rule of Two" must be strictly observed.
  - C. Most classroom doors have windows. If classroom doors do not have windows, they should be left open during use so that persons passing by can observe inside. Church leaders should visit or inspect areas of the building isolated from view.
  - D. Programs that involve children and youth should have adequate supervisory personnel. Supervision should also be maintained and after the event until all children are in the custody of their parents or legal guardians.

- E. Overnight rule. All adult chaperons and supervisors should be cleared in advance with the proper church leaders.
  - 1. In any public building one adult must remain awake and alert at all times.
  - 2. Students housed in private homes must be in groups of two or more.
  
- F. Any person who has reason to believe that a minor has been sexually abused on church property, at a church sponsored function or in a relationship arising out of a church event or function, shall immediately report such a matter to the Pastor or Children's Coordinator of CRC. (We have an approved procedure for reporting, investigating and responding to allegations of sexual abuse of a minor.)

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

**Procedures for Reporting and Responding  
to Allegations of Sexual Abuse of a Minor**

1. Any person who has reason to believe that a minor has been sexually abused on church property, at a church-sponsored function, or in a relationship arising out of a church event or function, shall immediately report such a matter to the Pastor of Crossroads Church.
2. The Senior Pastor and a representative of the Leadership shall promptly investigate the allegations by discussing the matter with the victim, the accused, and or any other witnesses to this incident.
3. All parties will be treated with dignity and support.
4. The Pastor will notify the parent(s) or guardian(s) of the minor.
5. A written report of the incident will be prepared by the Pastor and the Leadership and such report will be retained by the church for a minimum of (a) five years after the alleged victim reaches the age of 18, and (b) for the period of time the accused attends CRC.
6. If the allegations appear to be valid, the matter shall be reported to an attorney for the church, the church insurance company (within 48 hours), and may, with the consent of the Pastor and Leadership, be reported to the Iowa Department Human Services and/or law enforcement authorities.
7. A written statement shall be prepared by the Senior Pastor and the Leadership Team in the event it becomes necessary to convey the news to the congregation and to answer inquiries from the press. Every effort should be made to protect the confidentiality of both the victim and the accused.
8. The Senior Pastor is the designated spokesman for the church.

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

**CONFIDENTIAL**

Crossroads Church  
P.O. Box 456, Perry, Iowa 50220  
515-465-5478

**Youth and Children's Ministry Volunteer Reference**

\_\_\_\_\_ is applying to become a volunteer worker with our youth and/or children's ministry and has given your name as a personal reference.

This position requires close contact with students and we want to ensure that these relationships will be healthy and constructive. Please complete the form below and use the enclosed envelope to send us your evaluation of this person's character and integrity. Your response will remain confidential.

1. Describe your relationship with this person:

2. How long have you known this person:

**Please use the following scale to respond to questions 3 thru 9:**

**1 - Low 2 - Below Average 3 - Average 4 - Very Good 5 – Excellent**

How would you rate his/her ability at the following:

3. Involvement in peer relationships? \_\_\_\_\_

4. Emotional Maturity? \_\_\_\_\_

5. Ability to resolve conflict? \_\_\_\_\_

6. Following thru with commitments? \_\_\_\_\_

7. Ability to relate to teenagers? \_\_\_\_\_

8. Ability to relate to children? \_\_\_\_\_

9. Spiritual maturity? \_\_\_\_\_

10. What are this applicant's greatest strengths?

11. Do you have any concerns regarding this person working with students?

Thank you for taking the time to fill this out. If you have any questions regarding this reference, please feel free to call Pastor Rick Gates at 515-465-5478.

Your Name \_\_\_\_\_ Date \_\_\_\_\_ Phone Number \_\_\_\_\_



**DISCLOSURE and AUTHORIZATION**

Pursuant to the Fair Credit Reporting Act, this notice is to inform you that as part of our procedure in processing and evaluating your application for employment, we will be obtaining and reviewing a consumer report or an investigative consumer (Background Check) report for employment purposes. This authorization may be used to obtain a consumer report at any time during my employment.

I, \_\_\_\_\_, hereby consent and authorize \_\_\_\_\_ or its agents to prepare an investigative consumer report, including but not limited to obtaining a consumer report and information as to my credit worthiness, credit standing, character, general reputation, credit capacity, personal characteristics, and mode of living. This report may involve personal interviews with sources, such as neighbors, friends, associates, past employers and educational institutions in which case I understand that I am entitled to a copy of my rights under the FCRA as well as to request additional disclosures of the nature and scope of the investigation. Public records may be used in this report, such as civil and criminal records, driving records, liens, and judgments that are deemed to have a bearing on my job performance. This consumer report will be used for employment purposes as it is defined in the Fair Credit Reporting Act, section 603 (h). **In using a consumer report for employment purposes, before taking any adverse action based in whole or in part on the report, the person intending to take such adverse action shall provide to the consumer to whom the report relates, a copy of the report and a description in writing of the rights of the consumer under the FCRA, as prescribed by the Federal Trade Commission, section 609(c)(3).**

I am providing the following information for the preparation and proper verification of the consumer report.

Have you used another name such as maiden name or other married name? Yes\_\_\_\_\_ No\_\_\_\_\_
If yes, list names and corresponding years. \_\_\_\_\_

Drivers License number: \_\_\_\_\_ State of issuance (DL): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

List all past counties of residence and corresponding years: (i.e. Scott, IA 2000 – 2009)
County\_\_\_\_\_ Years: From \_\_\_\_\_ through \_\_\_\_\_
County\_\_\_\_\_ Years: From \_\_\_\_\_ through \_\_\_\_\_
County\_\_\_\_\_ Years: From \_\_\_\_\_ through \_\_\_\_\_
County\_\_\_\_\_ Years: From \_\_\_\_\_ through \_\_\_\_\_

Current Address, City, State, & Zip
\_\_\_\_\_

For Minnesota, Oklahoma and California check here if you would like a copy of the consumer report.

New York Applicants or employees: You have the right to inspect and receive a copy of any investigative consumer report requested by employer by contacting Inquirehire at 800-494-5922.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Print Full Name - Include Middle Name (please print legibly)