**KidsLife/Youth**

**Ministry Application**

This form is to be completed by all applicants for any position (volunteer or compensated) involving the supervision or custody of minors. It provides required background information for the church, enables New Life to conduct a PA State Police Criminal Record Check, and is used to help the church provide a safe environment for children.

**🢂 \* Information needed for background check (PLEASE PRINT NEATLY)**

**Date**

**\*Full Name and Address**

**\*Date of Birth**

**Phone Numbers**

**Home:**

**Cell:**

**Work Name/Address**

**Preferred E-mail Address**

**\*Previous Names Used**

(FIRST, MIDDLE, LAST - include maiden name, nicknames, aliases, or changes of name)

1.

2.

3.

4.

🢂 **Area(s) of service and ability to serve**

**Where would you like to serve?** Please check below the post or posts that you would like to fill.

|  |  |
| --- | --- |
|  | ***Posts*** |
|  | **Nursery** Coordinator |
|  | **Nursery** Doorkeeper |
|  | **Nursery** Volunteer |
|  | **Preschool** Coordinator |
|  | **Preschool** Teacher |
|  | **Preschool** Helper |
|  | **Elementary** Coordinator |
|  | **Elementary** Teacher |
|  | **Elementary** Helper |
|  | **KidsLifeClubs** Coordinator |
|  | **KidsLifeClubs** Helper |
|  | **KidsLife** Intern |
|  | **Youth**: Jr High Worker |
|  | **Youth**: Sr HighWorker |
|  | **Other** |

**Do you have any limitations that may be a factor in your working with children or teens?**

**Yes No**

If yes, please talk with Bea Galloway, Director of Children’s Ministry. ([nlgkidslife@gmail.com](mailto:nlgkidslife@gmail.com) or 215-576-0892 x106)

🢂 **Church Activity and Prior Children’s/Youth Work Record**

**How long have you been attending New Life Presbyterian Church?**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you a communicant member of New Life Presbyterian Church? Yes No**

(If no, please provide the name and address or web address of current church membership.)

**List previous work with children or youth including name of organization, address, type of work, and dates.**

**Please list any gifts, callings, training, education or other factors that have prepared you for work in KidsLife or Youth Ministry.**

**🢂 Personal References** (other than relatives)

Name

Address

Phone

Email Address

Name

Address

Phone

Email Address

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 (including opinions) that they may have regarding my character and fitness for work in the Children’s and/or Youth Ministries at New Life Presbyterian Church. I hereby release all such references from any liability for furnishing such evaluations to you. I waive any right that I may have to inspect references provided on my behalf.

I further give my consent for New Life Church to obtain my PA State Police Criminal Record Check. I understand that it is my responsibility to obtain my PA Child Abuse History Clearance and, if applicable, my FBI Criminal History Clearance (required for those who have not lived in Pennsylvania for the past 10 consecutive years), and to give copies of these clearances to New Life prior to the start of my service in the Children’s and/or Youth Ministries.

I agree to refrain from unscriptural conduct in the performance of my services on behalf of the church. I have read the Appropriate Behavior Guidelines and Reporting Guidelines Papers and understand my responsibility in the classroom or events during my term of service at NLPC.

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

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_

**Pennsylvania State Mandated**

**Affidavit of Volunteer for Programs Involving Children**

1 . My full name and address are as follows:   
 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I am an unpaid volunteer.
2. a. I have been a resident of the Commonwealth of Pennsylvania during the entirety of the previous ten ( 1 0) year period. \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_ No

b. I have not been a resident of the Commonwealth of Pennsylvania during the entirety of the previous ten (10) year period, and I affirm that I will need to get the FBI clearance. \_\_\_\_\_\_\_ Yes

1. By signing below, I swear or affirm that I am neither a perpetrator of a founded report of child abuse nor named in any Registry as the perpetrator of a founded report of child abuse.
2. I further swear or affirm that I have never been convicted of or pled guilty to any of the following offenses: criminal homicide; aggravated assault; stalking; kidnapping; unlawful restraint; rape; statutory sexual assault; involuntary deviate sexual intercourse; sexual assault; aggravated indecent assault; indecent assault; indecent exposure; incest; concealing the death of a child; endangering the welfare of children; dealing in infant children; prostitution and related offenses; obscene and other sexual material and performances; corruption of minors; sexual abuse of children; or the attempt, solicitation or conspiracy to commit any of the aforementioned offenses.
3. I further attest and certify that I have not been convicted of an offense designated as a felony under the Controlled Substance, Drug, Device and Cosmetic Act.
4. I further attest and certify that I have not been convicted of an out-of-state or Federal offense similar in nature to the foregoing offenses listed in Paragraphs *5* and 6 above.

I hereby swear or affirm that the statements set forth above are true and correct.

\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name