
S O V E R E I G N G R A C E
C H U R C H
est. 2000

**Youth Safety Application Form for
Volunteers and Employees**

This application is for all teens 13 through 17 years of age, after at least 6 months of active involvement in Sovereign Grace Church programs, applying for any position involving interaction with children. The purpose of this application is to assist in the creation of a safe environment for children who participate in Sovereign Grace programs or use Sovereign Grace facilities.

Name: _____ Date: _____

Address: _____

Teen's Email: _____

Parent's Email: _____

Male ___ Female ___ Date of Birth ___/___/___ Current School Grade _____

Teen's Cell: _____ Parent's Cell: _____

Y N Are you a member of Sovereign Grace?

Y N Are you a regular participant in Sovereign Grace programs?
If so, how long? _____

Pending the rest of the approval process, this application has been approved by:

Pastor's Name

Signature

Date

List **all previous paid or volunteer work** involving children, including all church and non-church paid or volunteer work with children. (List each church or organization's name and address, telephone number, type of paid or volunteer work carried out, dates, and a contact person familiar with your work there. **Use the back of this page for more space, if necessary.**)

Ministry/Organization: _____

Start Date ___/___/___ End Date ___/___/___ Contact Person: _____

Contact's Phone: _____ Contact's Email: _____

Address: _____

Description: _____

Ministry/Organization: _____

Start Date ___/___/___ End Date ___/___/___ Contact Person: _____

Contact's Phone: _____ Contact's Email: _____

Address: _____

Description: _____

Ministry/Organization: _____

Start Date ___/___/___ End Date ___/___/___ Contact Person: _____

Contact's Phone: _____ Contact's Email: _____

Address: _____

Description: _____

Ministry/Organization: _____

Start Date ___/___/___ End Date ___/___/___ Contact Person: _____

Contact's Phone: _____ Contact's Email: _____

Address: _____

Description: _____

Because Sovereign Grace desires to protect children, please answer the following questions. We understand that the answers to these questions may be private and deeply personal, and we will protect your privacy in every possible context. It is Sovereign Grace's policy that suspicions or allegations of child abuse or neglect will be reported to relevant state authorities.

Why do you want to work with children or students at Sovereign Grace?

List any gifts, callings, talents, training or experiences that have equipped you to work with children.

If you have a preference concerning the *age group or gender* of children with whom you would like to work, please explain the basis for your preference.

Are you willing to follow Sovereign Grace policies concerning appropriate interaction with children?

How would you describe your relationship with your best friend, or a very close friend?

Do you consider yourself to have been physically or sexually abused in the past?
If yes, please explain briefly. (This information will be kept entirely confidential, except where not possible under state law.)

If you were physically or sexually abused in the past, the Church has counseling and other resources available to you. Would you consider utilizing these resources to receive help and healing in this area of your life?

Have you ever physically or sexually abused someone your age or younger?
If yes, please explain.

Has someone ever accused you of abusing, assaulting or molesting a child?
If yes, please explain.

Y N In your own opinion, do you have the maturity to interact in an appropriate manner with children?

If you have worked or volunteered with children in the past, how would past supervisors describe your interaction with children?

What are your hobbies or recreational activities?

Please list the name and location of any other church you have regularly attended in the past five years.

RELEASE - VOLUNTEER SIGNATURE

I authorize Sovereign Grace to contact all individuals, organizations and references listed on this Teen Application Form in order to verify the information I have provided. As well, I specifically authorize Sovereign Grace representatives to speak with any organization where I have been employed or volunteered in the past related to work with *children or vulnerable adults*. I agree to release from liability any person or organization providing information concerning me, including those persons I have listed as references, as well as contact persons from my previous volunteer or paid work.

I certify that the answers provided above are accurate to the best of my knowledge and belief.

Teen Signature: _____ Date: _____

Teen Name's Full Name (please print): _____

PARENT SIGNATURE

As a parent, I agree to facilitate communication between my teen and his/her ministry supervisor by forwarding any communication from the ministry supervisor to my child. I understand my teen is applying for a leadership role, and I agree to help him/her prioritize this ministry commitment, and facilitate communication to the ministry supervisor if my teen is unable to serve for any reason.

I have reviewed this application with my child and I believe all the information provided is true, correct and complete. I agree to release from liability any person or organization providing information concerning my child, including those persons listed as references or who speak on behalf of organizations where my child has been employed or volunteered related to work with *children or vulnerable adults*.

I am unaware of any fact or circumstance involving my child that would call into question the wisdom of entrusting my child with the supervision, guidance or care of other children. To my knowledge, my child has never physically or sexually abused another child.

Parent Signature: _____ Date: _____

Parent's Full Name (please print): _____

Parent's Phone Number: _____

Parent's Email: _____

REFERENCES

Please provide adult references. Include two work or volunteer references (if available), one personal reference, and one school official. References must include one member of the opposite sex. *If you have past work or volunteer experience working with children, provide these references in preference to work or volunteer experience unrelated to interaction with children.* Give complete mailing addresses, including zip codes and email addresses, as well as a telephone number.

Please contact your references and tell them an authorized Sovereign Grace staff member will be contacting them to complete the application process. Additional references may be submitted if deemed helpful by applicant in allowing the Church to determine applicant's fitness for a ministry volunteer position. Work references should be familiar with the quality of the applicant's work.

WORK OR VOLUNTEER REFERENCES - DO NOT LEAVE ANY BLANKS

Name: _____ Relationship: _____

Address: _____

Email: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____

Email: _____ Phone: _____

PERSONAL REFERENCE (ministry leader/teacher/coach) - DO NOT LEAVE ANY BLANKS

Name: _____ Relationship: _____

Address: _____

Email: _____ Phone: _____

SCHOOL OFFICIAL (principal/counselor/administrator) - DO NOT LEAVE ANY BLANKS

Name: _____ Relationship: _____

Address: _____

Email: _____ Phone: _____