

# NEW COVENANT CHRISTIAN CHURCH

P.O. Box 80737

4415 W. St. Joseph Hwy

Lansing, Mi 48908-0737

517-323-8180

## Children & Youth Worker Application For Volunteers and Staff

It is the goal of New Covenant Christian Church and School to create a safe and secure environment for all children and students and workers who are involved in our activities. To facilitate this emphasis, it is necessary to gather pertinent information and conduct a formal screening process for everyone that has any responsibility of any kind with children or youth. The information is confidential and will be given only to the appropriate staff.

Name \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

In which ministry do you want to become involved? \_\_\_\_\_

Where have you served in ministry to children and youth? (Please list)

Organization:

Program:

Dates:

Contact:

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Have you at any time ever:

- 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:

- Any reason why you should not work with children or youth? \_\_ yes \_\_ no

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

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

(Please attach additional pages if more space is needed.)

# NEW COVENANT CHRISTIAN CHURCH

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

Church name & phone number	Pastor's name	Years attended
_____	_____	_____
_____	_____	_____

References (Other than relatives): Please provide at least two.

Name/ Relationship	Address	Phone
_____	_____	_____
_____	_____	_____

## Ministry Worker Verification and Release – for Staff and Volunteers

I recognize that New Covenant Christian Church (“the organization”) is relying on the accuracy of the information I provide on this 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 this 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 this application from liability involving the communication of information relating to my background or qualifications. I further authorize the organization to conduct a criminal background investigation. This background investigation may be repeated as necessary.

My plan is to protect the health and safety of any children or youth that might be assigned to my care or supervision at all times.

Printed name: \_\_\_\_\_

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