

## Scottsville Christian Church Primary Screening Form For Children or Youth Work

This application is to be completed by all applicants for any position (volunteer or compensated) involving the supervision or custody of minors. This is not an employment application form. It is being used to help the church provide a safe and secure environment for those children and youth who participate in our programs and use our facilities.

### Personal

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

*(Identity must be confirmed with a valid state drivers license or other photographic identification.)*

Have you ever been convicted of or pleaded guilty to a crime?

\_\_\_\_\_ Yes (If yes, please explain—attach a separate page, if necessary)

\_\_\_\_\_ No

Do you have a current driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No

Driver's License Number \_\_\_\_\_

Why do you desire to work with the youth program?

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

How do you feel you could best assist in this ministry?

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

I prefer to work with the following age group:

Preschool \_\_\_\_\_ Grade K-2 \_\_\_\_\_ Grade 3-5 \_\_\_\_\_ Middle School \_\_\_\_\_ High School \_\_\_\_\_

Scottsville Christian Church  
7857 Scottsville Road  
Floyds Knobs, Indiana 47119  
Youth Protection

**Church History and Prior Youth Work**

Are you currently a member of Scottsville Christian Church? \_\_\_\_ Yes \_\_\_\_ No

How long have you been a member of Scottsville Christian Church? \_\_\_\_\_

List all previous church work involving youth (list each church's name and address, type of work performed, and dates) \_\_\_\_\_  
\_\_\_\_\_

List all previous non-church work involving youth (list each organization's name and address, type of work performed, and dates) \_\_\_\_\_  
\_\_\_\_\_

List any gifts, callings, training, education, or other factors that have prepared you for children or youth work: \_\_\_\_\_  
\_\_\_\_\_

**Personal References**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
How do they know you? \_\_\_\_\_  
How long have they known you? \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
How do they know you? \_\_\_\_\_  
How long have they known you? \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
How do they know you? \_\_\_\_\_  
How long have they known you? \_\_\_\_\_

Scottsville Christian Church  
7857 Scottsville Road  
Floyds Knobs, Indiana 47119  
Youth Protection

**Applicant's Statement**

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 children or youth work. In consideration of the receipt and evaluation of this application by Scottsville Christian Church, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization, excepting only the communication of knowingly false information.

I (check one):

- Waive
- Do not waive

any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

Should my application be accepted, I agree to be bound by the By-Laws and policies of Scottsville Christian Church, and to refrain from unscriptural conduct in the performance of my services on behalf of the church.

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 understand.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_

CONFIDENTIAL

Scottsville Christian Church  
7857 Scottsville Road  
Floyds Knobs, Indiana 47119  
Youth Protection

**Request for Criminal Records Check and Authorization**

I hereby request the Floyd County Sheriff's Department to release any information, which pertains to any record of convictions in its files or in any criminal file maintained on me whether local, state, or national. I hereby release said Police Department from any and all liability resulting from such disclosure.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print maiden name (if applicable)

\_\_\_\_\_  
Print all aliases

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Place of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_

\_\_\_\_\_ Issuing State

\_\_\_\_\_ Expiration Date

\_\_\_\_\_  
Today's Date

Record Sent to:

Name \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_