

Blossom Hill Mennonite Church
APPLICATION TO BECOME AN APPROVED ADULT

This application is a mandatory part of a process to assist the congregation in providing a safe, nurturing Christian environment for our children/youth. Persons responsible for the supervision and care of our children/youth are in a special position of trust and confidence. Therefore, anyone seeking to work with the children/youth of Blossom Hill Mennonite Church must complete this application.

PERSONAL INFORMATION

I have attached a copy of a valid form of identification.

Name _____ Date of Application _____

Address: _____

Telephone (Home) _____ (Work) _____ (Cell) _____

E-mail Address _____

Permanent addresses you have maintained during the last ten years, beginning with the most recent.

Are you 18 years of age or older? Yes No

Before answering the next set of questions on this application, please read the Child Protection Policy of Blossom Hill Mennonite Church in which appears definitions of child abuse and child sexual abuse and exploitation. In the questions below, the words “*abuse,*” “*abusing a child*” and “*child abuse*” are intended to include the conduct described in the definitions.

Is there any reason why you should not work with children/youth? Yes No

If yes, please explain.

Have you ever abused a child/youth (a person less than 18 years of age)? Yes No

If yes, please explain.

Have you ever been accused of abusing a child/youth? Yes No

If yes, please explain.

Have you ever been involved in a child abuse investigation as a witness, alleged victim, or alleged abuser? Yes No

If yes, please explain.

Have you ever been arrested for, convicted of, or plead guilty to a criminal offense against a person?

Yes No

If yes, please explain

CHURCH OR CHILD-RELATED WORK

Name and address of church (if any) of which you are now a member, if other than this congregation.

Names and addresses of all churches you have attended on a regular basis at any time during the last ten years.

Describe any church work you have done with children/youth during the last five years. Include the church's name, city, and year(s) of participation.

Describe any non-church related work, training or education related to children/youth during the last five years. Include the organization's name, city, and year(s) of participation.

Describe the type of work you prefer with children/youth.

PERSONAL REFERENCES

Give the name, address, and phone number of two persons, not relatives, who have known you for at least five years.

(1) _____

(2) _____

I agree that the information contained in this application is correct to the best of my knowledge.

Applicant's Signature _____ **Date** _____

APPLICANT’S PERMISSION FOR THE DISCLOSURE OF INFORMATION ABOUT THE APPLICANT AND APPLICANT’S RELEASE OF ALL CLAIMS AGAINST PERSONS OR ENTITIES THAT DISCLOSE INFORMATION OR GIVE OPINIONS ABOUT THE APPLICANT

I understand and agree that the congregation may contact the churches and references identified above and others who may be identified by those listed above. I authorize these references or churches or others to give you any information (including opinions) that they may have regarding my character and fitness for work with children/youth. I also understand and agree that law enforcement authorities or any other person or entity with access to records of criminal arrests or convictions may be contacted during the consideration of this application. I authorize these law enforcement authorities or any other person or entity to provide information regarding criminal arrests or convictions. In consideration of the receipt and evaluation of this application by the congregation, I hereby release the congregation and any individual, church, youth organization, employer, reference, or any other person or entity, 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 any person’s or entity’s disclosure of information about me or the expression of an opinion about me.

I understand that as a volunteer working with children/youth, I am required to complete a PA Criminal Records check and a PA Child Abuse clearance, as well as an FBI fingerprint record check if I have not been a resident of PA for the last 10 years and I am required to complete a Swear or Affirm Disclosure Statement. I also understand that I will be a mandated reporter, required by state law to report to proper authorities any suspected child abuse I become aware of in my duties. I understand that I will be given training in how to recognize child abuse, and how to properly report it. I understand that I am legally required to make such a report when necessary, and that failure to do so carries criminal penalties as well as risking injury to a child.

I agree to notify the church immediately if I am charged with a criminal offense involving child abuse, or if I am the subject of an indicated or found child abuse report.

CHECK ONE:

- I have been a resident of PA for the last 10 years
- I have not been a resident of PA for the last 10 years

I further state that I have carefully read the foregoing release and understand its content. I am signing this release freely and voluntarily.

Applicant’s Signature _____ **Date** _____

I acknowledge that the above named applicant has appeared before me and produced an acceptable form of identification.

Reviewer: _____ **Date:** _____