

**SOUTHEASTERN CALIFORNIA CONFERENCE  
APPLICATION FOR CHILDREN & YOUTH VOLUNTEER WORKER POSITION**

\_\_\_\_\_  
Name of Club

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_ Work Phone (     ) \_\_\_\_\_

Social Security # \_\_\_\_\_ Other Licenses \_\_\_\_\_

Driver's License \_\_\_\_\_ Expiration Date \_\_\_\_\_

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What type of children's or youth work do you prefer? \_\_\_\_\_  
(Sabbath School teacher, VBS teacher, children's music program, nursery, coordinator, etc.)

What time commitment can you make? \_\_\_\_\_

Are you a member of the Seventh-day Adventist Church?     \_\_\_\_\_ YES     \_\_\_\_\_ NO

If YES, how long? \_\_\_\_\_ How long in this congregation? \_\_\_\_\_

Where have you attended church in the past five years? \_\_\_\_\_

What previous work have you done with youth and children? What are your gifts in this kind of work? \_\_\_\_\_

What training have you had for work with children? \_\_\_\_\_

What non-church activities have you done involving children? \_\_\_\_\_

List names of other members of this congregation with whom you have a relationship. \_\_\_\_\_

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Have you ever been accused of sexual misconduct with a minor? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have any disability that will impair your work with children? \_\_\_\_\_

Education: Name of High School/Academy \_\_\_\_\_ Degree/Diploma \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of College \_\_\_\_\_ Degree/Diploma \_\_\_\_\_ Yes \_\_\_\_\_ No

Where are you currently employed? \_\_\_\_\_ Position \_\_\_\_\_

Work Address \_\_\_\_\_

Previous employment (five years- past to current) \_\_\_\_\_

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Please list two references, which are not former employers or relatives, who know of your work with minors.

Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Address \_\_\_\_\_

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**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 any information that they may have regarding my character and fitness for working with children or youth. I hereby release any individual, church, or organization from any and all liability for damages which may result to me, my heirs, or family for compliance with this authorization.

Your signature on this form confirms your understanding and agreement that:

In any event allegations of criminal or sexual misconduct arise regarding your conduct while you serve in the above-described capacity(ies), the church will fully cooperate with any investigation.

I further state that I have carefully read the foregoing release and understand the contents thereof and understand.

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