



YOUTH LEADER SERVING APPLICATION

This confidential application is to be completed by all applicants for any position involving interaction with students. This is not an employment application. It is being used to provide a safe and secure environment for the youth who participate and use our facilities.

Any questions, contact Youth Admin. Director: Angela Carroll @ 434.525.7481 ext. 102 or acarroll@blue-ridge.org

GENERAL INFORMATION			
Today's Date:	Legal Name:	Nickname:	
Address:	City:	State:	Zip:
Home Phone:	Cell	Work Phone:	
Date of Birth	Email:		

If you have lived at above for less then 7 years please provide information on all addresses during that period.

Address:	City:	State:	Zip:
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Address:	City:	State:	Zip:
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Single Separated Divorced Widowed Married - Spouse's Name:

Do you have any children? Yes No

Child's Name	Age	Relationship

Child's Name	Age	Relationship

I have chosen to work in this ministry because:

EMPLOYMENT REFERENCE

Present Employer:			Supervisor:		Phone:	
Address:			City:		State:	Zip:
Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	Start Date	Position Held:			

If not currently employed or employed at present job less than 2 years please provide employment history below

Previous Employer:			Supervisor:		Phone:	
Address:			City:		State:	Zip:
Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	Start Date	End Date	Position Held:		

PERSONAL REFERENCES

List two people you know, who meet the following criteria:

- Is at least 21 years old
- Has known you for more than one year
- Is not related to you
- Has a definite knowledge of your character
- Has seen you around minors

Name:		Nature of Association:	
Occupation:		Length of Time Known:	
City / State of Residence:			
Home Phone:		Cell Phone:	Work Phone:

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Occupation:		Length of Time Known:	
City / State of Residence:			
Home Phone:		Cell Phone:	Work Phone:

PERSONAL SITUATION

Have you or anyone else ever been concerned that you may have an addiction to drugs, alcohol, pornography or any other addiction? No Yes

If **yes** explain

Have you ever been arrested, convicted or plead guilty to a crime? No Yes

If **yes** explain

Have you ever been accused, charged, alleged to have or have you committed, any act of neglecting, abusing, molesting or battering any child or adult? Or have you had any kind of a relationship with a minor that has brought sexual gratification to yourself? No Yes

If **yes** explain

Do you have any contagious disease, health issue, or history of emotional illness that would currently place children, other workers, or yourself at risk, or have you ever been treated for a psychiatric disorder? No Yes

If **yes** explain

Has there been any abuse in your family background with drug or alcohol or that was emotional, physical, or sexual in nature? No Yes

If **yes**, what steps have you taken to minimize the impact that those issues will create for you?

Is there any circumstance or pattern in your life, which would make it inappropriate for you to serve with minors or would compromise the integrity of Blue Ridge Community Church? No Yes

If **yes** explain

Have you ever voluntarily left or been asked to leave a role within an organization due to a concern regarding inappropriate conduct with minors or adults? No Yes

If **yes** explain

Do you currently maintain any of the following: personal blog, website, myspace, twitter, or facebook account? If so, do any of them contain any information or pictures that would be inappropriate for youth to see or that would create a negative perception of Blue Ridge Student Ministry? No Yes

If **yes** explain

BACKGROUND INFORMATION

Have you attended:

Sunday Service	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, since when:
1 st Friday Service	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, since when:
Thirsty (3 rd Friday of the month Worship service)	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, since when:
Intro to Blue Ridge	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, when:

Are you currently serving in any other ministry? No Yes If yes, where:

List previous serving experiences involving youth during the past five years.

Name of Church / Organization	Length of Time	City / State	Position

List previous Churches you have attended regularly.

Name of Church	City / State

Have you accepted Jesus into your life? No Yes If yes, when:
 If no, would you like to learn more? No Yes

Have you been baptized? No Yes If yes, when:

SPIRITUAL JOURNEY

Whether we are devoted believers or still seeking to understand God, we all have a spiritual story. Please take a few moments to briefly describe your spiritual story. (This can be attached if more room is needed)

APPLICANT 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 have regarding my character and fitness for working with youth. I authorize the release of the information contained in this application on a confidential, need-to-know basis, to any ministry at Blue Ridge Community Church in which I seek a position. In consideration of the receipt and evaluation of this application by Blue Ridge Community 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 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 attempts to comply with this authorization. I waive any right I may have to inspect any information provided about me by any person or organization identified by me in this application.

***I have carefully read the foregoing release, know the contents thereof and sign this release as my own free act.** This is a legally binding agreement, which I have read and understand.

Signature or: Type your full name in place of signature:	Date:
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Background Check Authorization

Blue Ridge Community Church

Last Name:

First Name:

Middle Name:

Date of Birth

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Driver's License Number:

Issuing State:

Present Address:

City:

State:

Zip:

Phone Number:

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I certify that all the information provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration, and may result in my removal if discovered at a later date. In connection with this request, I hereby authorize all corporations, former employers, education institutions, law enforcement agencies, city, state, county, and federal courts, military service and persons to release information they may have about me to the person or company with which this form has been filed or their agent, Clear Investigative Advantage, LLC. This releases the aforesaid parties from any liability and responsibility for collecting any information.

Type Your Full Name In Place Of Your Signature

Applicant Signature:

Date

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