

Application to Become an Approved Adult

(All information on this form is strictly confidential)

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, all adults (19 years of age or older) seeking to work with children/youth of Stumptown Mennonite Church must complete this application.

Please provide a government issued photo ID & Social Security Card with the submission of this application.

Personal Information		
1 Name	2 Date	
3 Driver's License # and state		
4 Address		
5 Telephone Home	Work	Cell
6 E-mail address		
7 Permanent addresses you have maintained during the past five years, beginning with most recent.		

8 Are you 19 years of age or older? Yes No

Before answering questions 9 through 12 on this application, please read the Child Protection Policy of Stumptown Mennonite Church on which appear definitions of child abuse, child sexual abuse and exploitation. (page 2)

9 Have you ever abused a child/youth (a person less than 18 years of age)? Yes No
If yes, please explain.

10 Have you ever been accused of abusing a child/youth or been a victim of abuse yourself? Yes No

11 Have you ever been involved in a child abuse investigation as a witness, alleged victim or alleged abuser?
If yes, please explain. Yes No

12 Have you ever been arrested for, convicted of, or plead guilty to a criminal offense against a person?
If yes, please explain. Yes No

13 List your talents, training, education, etc. that might help enrich the lives of our children/youth.
Describe the type of work you prefer.

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

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

16 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.

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

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) _____

As part of the application process in becoming an Approved Adult, Stumptown Mennonite is requiring volunteers to obtain the following clearances:

Pennsylvania State Police Request for Criminal Record Check Form (SP4-164)

Child Abuse History Clearance For (CY-113)

Stumptown will accept either of these clearance forms that have been performed for you within the past five years.
Please provide the original clearance document (we will photocopy and return the original document to you).

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 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 accept the responsibility to nurture the Christian faith and well being of the children and youth of Stumptown Mennonite Church and to care for them as Christ cares for me. I have read, understand, and agree to abide by the Child Protection Policy.

Applicant's Signature

Date

I acknowledge that the above named applicant has appeared before me and produced an original government issued identification with photograph, and social security card for verification.

Reviewer

Date

<i>For Office Use</i>	
<input type="checkbox"/> Copy of government issued photo ID	_____
<input type="checkbox"/> Verification of social security number	_____
<input type="checkbox"/> Application Received	_____
<input type="checkbox"/> Child Protection Covenant	_____
<input type="checkbox"/> PA Criminal Record Check	_____
<input type="checkbox"/> PA Child Abuse History Clearance	_____
<input type="checkbox"/> Personal Reference inquiries	_____

Pastor Review/Signature: _____

