

# A Safe Place

## Singing Oaks Church of Christ

# Confidential

## Teen Worker Application Form

After reading the SOCC Policy for Preventing Children's Sexual Abuse/Molestation, please complete and sign this application. This information will be accessible only to those persons authorized by the sexual abuse policy. Thank you for helping ensure a safe environment for the children and youth of Singing Oaks Church of Christ.

### BACKGROUND INFORMATION

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

Full Legal Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ TDL #: \_\_\_\_\_

Names of Parents or Guardians: \_\_\_\_\_

Number of years as a member of Singing Oaks Church of Christ: \_\_\_\_\_

### PERSONAL REFERENCES:

Name	Address	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

### DECLARATIONS BY APPLICANT

1. Have you ever been arrested for, convicted of, pled guilty or no contest to, or placed on probation or deferred adjudication probation for a crime involving children or youth or of any other felony or misdemeanor other than minor traffic violations?

\_\_\_\_\_ No \_\_\_\_\_ Yes (please explain on a separate page and include arresting agency, case number, disposition of case, court and county where case was heard)

2. Is there any other fact or circumstance involving you or your background that might call into question your supervision, guidance and care of minors?

\_\_\_\_\_ No \_\_\_\_\_ Yes (please explain on a separate page)

3. Have you been affected by sexual abuse to such an extent that might preclude you from work with minors?

\_\_\_\_\_ No \_\_\_\_\_ Yes (please explain on a separate page)

I have read Singing Oaks Church of Christ's policy for preventing sexual abuse/molestation and agree to abide by its provisions. Furthermore, I authorize the person specified in that policy to check references listed above.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have read through this application and verify that the information given is correct. I understand the provisions of Singing Oaks Church of Christ's policy for preventing sexual abuse/molestation I give permission for \_\_\_\_\_ to be certified as a teen worker in the ministries to children at the Singing Oaks Church of Christ.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Office Use Only

Application Status (circle one):      Approved without conditions      Approved conditionally (see below)      Denied (see below)

Safe Place Training Date: \_\_\_\_\_

Reasons for conditional approval or denial: \_\_\_\_\_

Application reviewed by : \_\_\_\_\_ Date: \_\_\_\_\_