

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: _____