

**Madison Christian Community
Parish Protection Program for Children and Youth
Application Form**

Note: All information on this application will be kept confidential.

Name: _____
First Middle Last

Address: _____
Street City State Zip

Daytime phone: _____ **Evening phone:** _____

Date of Birth: _____ **E-mail:** _____
Month/Day/Year

List programs and activities (both within the congregation and the community) where you have worked with young people.

If you do not have experience working with children, please explain why you are now interested.

References:

Please provide the names, addresses and phone numbers of three references who are not related to you. One may be from the MCC, two must be from outside. These references should be able to describe you in a way that is relevant to your involvement in child and youth ministries. All references will be sent an evaluation form to complete.

1. _____
Name Address Zip Code Phone

2. _____
Name Address Zip Code Phone

3. _____
Name Address Zip Code Phone

Background Check Information

Is there any circumstance in your background which would call into question your being entrusted with the supervision, care or guidance of children or youth?

____yes ____no If yes, please explain.

Have you ever been convicted of a crime? __yes __no

(This is only given consideration if the offenses substantially relate to the job.)

If yes, please explain.

Do you have any pending charges or convictions? ____yes ____no

(This is only given consideration if the charges substantially relate to the job.)

If yes, please explain.

Have you ever been accused of sexual misconduct or abuse? ____yes ____no

If yes, by whom were you accused? Was there any court or social service involvement?

Do you currently use illegal drugs? _____yes ____ no

If yes, please explain.

Code of Ethics Statement

All the information I have provided in the process of applying to work with the children and/or youth of The Madison Christian Community is true and correct to the best of my knowledge. I voluntarily and knowingly authorize any person named herein as a reference to give to the staff of the Madison Christian Community any information they may have regarding my character and fitness for working with children and youth. I voluntarily and knowingly fully release and discharge all such references from liability for any evaluation provided of me. I consent to having a State of Wisconsin Department of Justice records check.

Signature _____ Date _____