

# STAFF APPLICATION

## WEBSTER ASSEMBLY OF GOD CHURCH

This application is to be completed by all applicants for any position (volunteer or compensated) involving the supervision or custody of minors. This is not an employment application form. Persons seeking a position in the church as a paid employee will be required to complete an employment application in addition to this screening form. It is being used to help the church provide a safe and secure environment for those children and youth who participate in our programs and use our facilities.

Ministry/Event applying for: \_\_\_\_\_ To what positions are you volunteering/applying? \_\_\_\_\_  
 \_\_\_\_\_

Ministry/Event date(s) \_\_\_\_\_ Today's date \_\_\_\_\_

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_  
 ZIP \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

_____ Female  _____ Male	Birthday ____/____/____	<b>Marital Status:</b> _____ Single _____ Married _____ Other (explain): _____
<b>Conditions of health:</b> (Circle one) Excellent                      Good Poor                                Disabilities	List in the next box any physical disabilities that would restrict your work at this event:	_____ _____ _____ _____

Are you a member? \_\_\_\_\_ Date saved \_\_\_\_\_ Date filled with the Holy Spirit \_\_\_\_\_

List names & addresses of other churches you have attended during the past five years: \_\_\_\_\_  
 \_\_\_\_\_

Have you ever led a person to a salvation experience in Jesus Christ? \_\_\_\_\_

Are you willing to lead others in prayer and Bible devotions? \_\_\_\_\_

Do you use tobacco? \_\_\_\_\_ Drink alcoholic beverages? \_\_\_\_\_ Use illegal drugs? \_\_\_\_\_

Have you ever been charged, convicted or pled guilty to a criminal offense (excluding minor traffic violation)? \_\_\_\_\_

If so, please explain \_\_\_\_\_

List previous church work: (include location) \_\_\_\_\_  
 \_\_\_\_\_

List previous non-church work involving minors: (include location) \_\_\_\_\_

List any gifts, callings, training, education, or other factors that have prepared you for children's/youth work:

Do you have any of the following certifications: EMT \_\_\_\_\_ First Aid (First Responder) \_\_\_\_\_ CPR(BLS) \_\_\_\_\_

Do you hold a degree in nursing? \_\_\_\_\_

Do you have any other professional training that you feel would contribute to this event? \_\_\_\_\_

**PERSONAL REFERENCES (THAT ARE NOT RELATIVES)**

Church Reference	Non-Church Reference
Name: _____	Name: _____
Address: _____	Address: _____
City: _____	City: _____
State/Zip _____	Sate/Zip _____
Telephone (    ) _____	Telephone (    ) _____

**REQUEST FOR CRIMINAL RECORDS CHECK/AUTHORIZATION**

*I hereby request any Police Department to release any information which pertains to any record of convictions contained in its files or in any criminal file maintained on me whether local, state, or national. I hereby release said Police Department from any and all liability resulting from such disclosure.*

_____	_____
Signature	Printed Name
_____	_____
Place of birth	Print maiden name if applicable

Drivers License# & State \_\_\_\_\_

**APPLICANT'S 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 may have regarding my character and fitness for working with minors. In consideration of the receipt and evaluation of this application by the Webster Assembly of God, 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 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 compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

Should my application be accepted, I agree to be bound by the policies of and the Constitution and Bylaws of the Webster Assembly of God Church, and to refrain from unscriptural conduct in the performance of my services in behalf of the fellowship.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement, which I have read and understand.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

New York State requires that two references are on file for each application.  
Please make sure that all three documents are sent to:

WEBSTER ASSEMBLY OF GOD 708 HARD ROAD WEBSTER, NY 14580
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**NON - CHURCH  
REFERENCE FORM  
WEBSTER ASSEMBLY OF GOD**

Department \_\_\_\_\_  
 Ministry/Event \_\_\_\_\_  
 Date of Ministry/Event \_\_\_\_\_  
 Today's Date \_\_\_\_\_

I \_\_\_\_\_ (staff applicant) am applying to serve on the staff at the event or ministry noted above. The Webster Assembly of God cannot process my application any further until this reference, fully completed and signed, is received at the Church. I have carefully read this entire form and authorize the release of any/all information given herein to the Church to be deemed confidential between you and the Webster Assembly of God Church.

\_\_\_\_\_  
 Applicant's signature

\_\_\_\_\_  
 Date

*We would appreciate your complete and confidential answers to the following questions:*

1. How long have you been acquainted with the applicant? \_\_\_\_\_
2. In what relationship? \_\_\_\_\_
3. Would you recommend the applicant, without reservation, to be used in the event or ministry noted above? \_\_\_\_\_ If, no, please explain on a separate sheet or reverse side.
4. What leadership abilities has she/he evidenced? \_\_\_\_\_
5. What special talents has she/he shown? \_\_\_\_\_
6. State briefly your opinion of the applicant's dedication to complete an assigned task: \_\_\_\_\_  
 \_\_\_\_\_
7. How would you rate the applicant's ethical standards? Above average \_\_\_\_\_ Average \_\_\_\_\_ Below average \_\_\_\_\_
8. Do you have any reasons to believe the applicant uses illegal drugs, alcohol, or tobacco? yes \_\_\_\_\_ no \_\_\_\_\_
9. To your knowledge, does the applicant have any emotional, mental, or physical handicaps that would hinder their effectiveness?  
 yes \_\_\_\_\_ no \_\_\_\_\_ If the answer is yes, please explain on a separate sheet or reverse side.
10. To your knowledge, has the applicant ever been charged, convicted or pled guilty to a criminal offense (excluding minor traffic violations).  
 yes \_\_\_\_\_ no \_\_\_\_\_ If so, please explain the nature of the offense \_\_\_\_\_
11. Please list the various activities that the applicant has been involved in. (For how long?) \_\_\_\_\_  
 \_\_\_\_\_

*Please check the column which would best describe the applicant:*

	GOOD	FAIR	POOR
Social depth and maturity	_____	_____	_____
Ability to get along with others	_____	_____	_____
Follows through on instructions	_____	_____	_____
General attitude	_____	_____	_____
Disposition	_____	_____	_____
General appearance	_____	_____	_____
Faithfulness to job/school	_____	_____	_____

(Over)

Great reliance is placed on the representation of each applicant's pastor, staff pastor, or church board member that there are no facts or allegations that raise any question concerning an applicant's suitability for working with minors. THE EMPLOYER, EDUCATOR, OR A FRIEND must complete the following certification. THE APPLICANT SHOULD CHOOSE THE PERSON WHO KNOWS HIM/HER BEST, AND THAT IS NOT A RELATIVE.

I am personally acquainted with the applicant, and in my opinion, he or she is competent and qualified to work with minors of any age. I know of no facts or allegations that raise any question concerning his or her suitability for working with minors in any activity. I therefore recommend, without reservation, the above named applicant to serve as a member of the staff of this event/ministry and to work with minors in any situation.

I prefer to discuss my response by telephone. I can be reached at the following telephone number during the day: \_\_\_\_\_ evening: \_\_\_\_\_.

\_\_\_\_\_  
Legible signature

\_\_\_\_ Employer \_\_\_\_ educator \_\_\_\_ friend

CHECK ONE

\_\_\_\_\_  
Signature

\_\_\_\_\_  
date

\_\_\_\_\_  
Address

\_\_\_\_\_  
day phone #

\_\_\_\_\_  
City, state zip

\_\_\_\_\_  
evening phone #

*Please return this form to:*

Webster Assembly of God  
708 Hard Road  
Webster, NY 14580

**CHURCH  
REFERENCE FORM  
WEBSTER ASSEMBLY OF GOD**

Department \_\_\_\_\_  
 Ministry/Event \_\_\_\_\_  
 Date of Ministry/Event \_\_\_\_\_  
 Today's Date \_\_\_\_\_

I \_\_\_\_\_ (staff applicant) am applying to serve on the staff at the event or ministry noted above. The Webster Assembly of God cannot process my application any further until this reference, fully completed and signed, is received at the Church. I have carefully read this entire form and authorize the release of any/all information given herein to the Church to be deemed confidential between you and the Webster Assembly of God Church.

\_\_\_\_\_  
 Applicant's signature

\_\_\_\_\_  
 Date

*We would appreciate your complete and confidential answers to the following questions:*

1. How long have you been acquainted with the applicant? \_\_\_\_\_
2. In what relationship? \_\_\_\_\_
3. Would you recommend the applicant, without reservation, to be used in the event or ministry noted above? \_\_\_\_\_ If, no, please explain on a separate sheet or reverse side.
4. What leadership abilities has she/he evidenced? \_\_\_\_\_
5. What special talents has she/he shown? \_\_\_\_\_
6. State briefly your opinion of the applicant's dedication to Christ: \_\_\_\_\_

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7. How would you rate the applicant's Christian standards? Above average \_\_\_\_\_ average \_\_\_\_\_ below average \_\_\_\_\_
8. Do you have any reasons to believe the applicant uses illegal drugs, alcohol, or tobacco? yes \_\_\_\_\_ no \_\_\_\_\_
9. To your knowledge, does the applicant have any emotional, mental, or physical handicaps that would hinder their effectiveness?  
 yes \_\_\_\_\_ no \_\_\_\_\_ If the answer is yes, please explain on a separate sheet or reverse side.
10. To your knowledge, has the applicant ever been charged, convicted or pled guilty to a criminal offense (excluding minor traffic violations).  
 yes \_\_\_\_\_ no \_\_\_\_\_ If so, please explain the nature of the offense \_\_\_\_\_
11. Please list the various ministries or activities that the applicant has been involved in. (For how long?) \_\_\_\_\_

*Please check the column which would best describe the applicant:*

	GOOD	FAIR	POOR
Spiritual depth and maturity	_____	_____	_____
Ability to get along with others	_____	_____	_____
Follows through on instructions	_____	_____	_____
General attitude	_____	_____	_____
Disposition	_____	_____	_____
General appearance	_____	_____	_____
Faithfulness to church	_____	_____	_____
Faithfulness to the respective department's activity	_____	_____	_____

Great reliance is placed on the representation of each applicant's pastor, staff pastor, or church board member that there are no facts or allegations that raise any question concerning an applicant's suitability for working with minors. THE SENIOR PASTOR, STAFF PASTOR, OR A CHURCH BOARD MEMBER must complete the following certification. THE APPLICANT SHOULD CHOOSE THE PERSON WHO KNOWS HIM/HER BEST, AND THAT IS NOT A RELATIVE.

I am personally acquainted with the applicant, and in my opinion, he or she is competent and qualified to work with minors of any age. I know of no facts or allegations that raise any question concerning his or her suitability for working with minors in any activity. I therefore recommend, without reservation, the above named applicant to serve as a member of the staff of this event/ministry and to work with minors in any situation.

I prefer to discuss my response by telephone. I can be reached at the following telephone number during the day: \_\_\_\_\_ evening: \_\_\_\_\_.

\_\_\_\_\_  
Legible signature

\_\_\_\_\_ senior pastor \_\_\_\_\_ staff pastor \_\_\_\_\_ church board member

CHECK ONE

\_\_\_\_\_  
Signature

\_\_\_\_\_  
date

\_\_\_\_\_  
Address

\_\_\_\_\_  
day phone #

\_\_\_\_\_  
City, state zip

\_\_\_\_\_  
evening phone #

*Please return this form to:*

Webster Assembly of God  
708 Hard Road  
Webster, NY 14580