



## Application to work with children or youth at Trinity Presbyterian Church

Applicant Name \_\_\_\_\_

Yes \_\_\_ No \_\_\_ I wish to work with children or youth at Trinity Presbyterian Church

*If checked "yes" please answer the following:*

Yes \_\_\_ No \_\_\_ Have you been active in the life of Trinity for more than six months?

Yes \_\_\_ No \_\_\_ Have you been convicted of or pled guilty to or no contest to a criminal offense (felony or misdemeanor, except minor traffic violations)? If "yes" please describe:

\_\_\_\_\_  
\_\_\_\_\_

Yes \_\_\_ No \_\_\_ Have you ever been charged with a sexual offense, offense relating to children, or crime of violence: If "yes" please describe:

\_\_\_\_\_  
\_\_\_\_\_

Yes \_\_\_ No \_\_\_ Have you ever been reported to a social service agency, law enforcement agency, child abuse registry, or similar organization regarding child abuse or neglect? If "yes" please describe:

\_\_\_\_\_  
\_\_\_\_\_

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

**Please complete the reverse side to activate your background check.**

## Confidential Information

*As a volunteer “shepherd” please know that information gathered below is only asked in the spirit of utmost interest of our littlest and most vulnerable members.*

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Other Names You Have Used: \_\_\_\_\_

Name as it Appears on Driver’s License: \_\_\_\_\_

Driver’s License Number: \_\_\_\_\_ State: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**This form will be returned upon completion of screening**