

Primary Screening Form For Children Or Youth Work  
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**Confidential**

**Wisconsin District - UPCI**

P. O. Box 688  
Beloit, WI 53512-0688

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.

**Personal**

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

*Identity must be confirmed with a state drivers license or other photographic identification*

Present address: \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Home phone (\_\_\_\_) \_\_\_\_\_

Please indicate the type of youth or children's work you prefer  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate the date you would be available to begin  
\_\_\_\_\_

What is the minimum length of commitment you can make?  
\_\_\_\_\_

**Request For Criminal Records Check And Authorization**

I hereby request the \_\_\_\_\_ 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 \_\_\_\_\_

print name \_\_\_\_\_

Print maiden name if applicable \_\_\_\_\_

Print all aliases \_\_\_\_\_

Date of birth \_\_\_\_\_

Place of birth \_\_\_\_\_

Social Security Number (if required by the Police Department) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Today's date \_\_\_\_\_

Record sent to:

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

Address \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of or pleaded guilty to a crime? (If yes, please explain - (attach a separate page, if necessary) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were you a victim of abuse or molestation while a minor?

Yes

No

If you prefer, you may refuse to answer this question, or you may discuss your answer in confidence with the senior minister rather than answering it on this form. Answering yes, or leaving the question unanswered, will not automatically disqualify an applicant for children or youth work.

Do you have a current driver's license?

Yes If yes, please list your drivers license number \_\_\_\_\_

No \_\_\_\_\_

## Church History and Prior Youth Work

Name of church of which you are a member:

\_\_\_\_\_

List (name and address) other churches you have attended regularly during the past five years:

List all previous church work involving youth (list each church's name and address, type of work performed, and dates)

List all previous non-church work involving youth (list each organization's name and address, type of work performed and dates).

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

personal References (not former employers or relatives)

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Telephone \_\_\_\_\_

### 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 child or youth work. In consideration of the receipt and evaluation of this application by First Church, 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 Bylaws and policies of Wisconsin District - UPCI, and to refrain from unscriptural conduct in the performance of my services on behalf of the church.

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 \_\_\_\_\_