

# Community of Christ

## Children and Youth Worker Confidential Application

*This application is to be completed by all people wishing to serve in **any** position with the Community of Christ that involves direct contact with children or youth. The intent of this application is to help the church provide a safe and secure environment for young people who participate in ministry and to assist applicants and church leaders in identifying and utilizing gifts and skills of the applicant.*

### 1) **APPLICANT INFORMATION** (Please ensure submission is no longer than 6 months from completion date)

Date of Application: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Full Name: *(Last, First, Middle)* \_\_\_\_\_ *(Other)* \_\_\_\_\_

Present Address: \_\_\_\_\_

City, State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Criminal Offenses; Investigations; Administrative Actions** – If the applicant answers ‘Yes’ below, the applicant MUST provide a detailed description of the underlying circumstances. Marking “Yes” does not necessarily disqualify an applicant from consideration. However, if the applicant does not provide additional details, the review will cease until further information is provided. If needed, please attach a separate sheet of paper with the additional details and any further explanation that is relevant.

Have you ever been convicted of a crime other than a minor traffic violation?  Yes  No

If yes, please explain (include date and nature of the offense). \_\_\_\_\_

Have you ever been or are you currently under investigation by any law enforcement or government agency for child abuse, neglect or any criminal activity involving a minor?  Yes  No

If yes, please explain (include date and nature of the issue). \_\_\_\_\_

Has your youth worker status with Community of Christ previously been removed?  Yes  No

If yes, please indicate the reason(s) why your status was changed. \_\_\_\_\_

**Congregational Membership or Affiliation** – Membership in Community of Christ is NOT necessary to be a youth worker. However, ALL applicants should satisfy the 6 month rule (i.e. applicant has been associated with the congregation sponsoring this application for at least 6 months immediately prior to applying). In some cases, applicants that cannot satisfy the 6 mo. rule might still be approved if the applicant can provide appropriate character references, as further described in the References section below.

Community of Christ cong. you have been associated with for the past 6 mo. \_\_\_\_\_

Current Pastor: \_\_\_\_\_ Pastor’s Phone/Email: \_\_\_\_\_

List any other churches or faith communities you have regularly attended or participated in during the past five years (include name & location): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2) REFERENCES AND APPLICANT SIGNATURE (To be completed by the applicant)**

**References** – At least three (3) references are required for applications to be processed. References must be age 18 or over, must not be a relative, must have known you at least 6 months and should be able to speak to your ability to work with youth. Please provide accurate and complete information for each reference.

If you are not able to satisfy the 6 month rule, at least one of your references must also satisfy one of the following\*: (i) be a pastor or youth minister of the church the applicant regularly attends; (ii) be a Community of Christ member who has known the applicant longer than one (1) year; or (iii) be a leader in the community (i.e. School Principal/Teacher, Supervisor from work; Staff member from an organization where you've previously volunteered, especially a youth-serving organization).

\* **Please indicate which reference satisfies one of the above criteria.** (References cannot be related by birth OR marriage)

**Reference #1:** Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Reference #2:** Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Reference #3:** Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Applicant's Statement:** I authorize any references, or any other person or organization, whether or not identified in this application, to provide any information they have to Community of Christ regarding my character and fitness for children and youth work. I release all references listed in this application from liability for any damage that may result from furnishing such information to Community of Christ, and I waive any right to inspect references provided on my behalf. I further authorize Community of Christ and its agents or assigns to conduct a background check for any criminal records and agree that I will fully cooperate in providing all information and signing all documents necessary to complete the background check.

I hereby attest and certify that I have never been convicted of nor pled guilty to: any type of child abuse, any type of rape, sodomy, sexual abuse or misconduct, child pornography, endangering the life or welfare of any child, gross sexual imposition, sexual imposition, voyeurism, public indecency, stalking, harassment, violation of a protection order, any offense of physical violence or assault, or any existing or former offense of any municipality, any state, United States, or any other nation that is substantially equivalent to any of the above offenses. *(If you have been convicted of or pled guilty to any of the above offenses and wish to explain the circumstances thereof, please attach your explanation on a separate sheet.)* I further certify that I have never resigned or been discharged from employment or a volunteer position because of any behavior described above.

Should my application be accepted, I agree to be bound by the rules, regulations and policies of Community of Christ, and to act in accordance with those, in the performance of my services on behalf of the church. I affirm that it is my responsibility to remain aware of any changes or updates in the rules and regulations of Community of Christ.

I hereby represent and warrant that the information contained in this application is correct and complete to the best of my knowledge. I understand that misrepresentations or omissions may disqualify my application or result in my immediate dismissal if I am already serving in a youth-related position. Should any of the information provided or attested in this statement change, I agree to update this application immediately or as requested by church leadership.

**Applicant Signature** – By signing, you affirm that you have read, understand and agree with the statements above. "If applicant is under the age of eighteen (18), parental/guardian signature is required in addition to applicant signature.\*"

Signature(s) are required  
Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature\* \_\_\_\_\_ Date: \_\_\_\_\_

**3) REFERENCE CONTACT/INTERVIEW** (To be completed by a church representative) *(All sections must be completed)*

Please note that including accurate and complete information on this page is critical to the processing and final decision of the application. Examples of questions for interviewing references can be found in the RCYW Application Guidelines, available online at [www.cofchrist.org/children-and-youth-worker-registration](http://www.cofchrist.org/children-and-youth-worker-registration). Comments should be pertinent, and each section must be filled out entirely. If additional space is needed to summarize a reference's comments, you should attach additional sheets. Please submit completed forms to your pastor or appropriate jurisdictional officer for processing.

\_\_\_\_\_  
*Applicant's Name*

**First Reference:**

Person contacted: \_\_\_\_\_ Date: \_\_\_\_\_

Friend  Member  Other \_\_\_\_\_ Length of time applicant known \_\_\_\_\_  
*(Must be more than 6 months)*

Method of contact:  Telephone  Letter  other \_\_\_\_\_

Name of person making contact: \_\_\_\_\_

Reference's comments about applicant were  favorable  guarded  unfavorable

Summary of reference's comments: \_\_\_\_\_

**Second Reference:**

Person contacted: \_\_\_\_\_ Date: \_\_\_\_\_

Friend  Member  Other \_\_\_\_\_ Length of time applicant known \_\_\_\_\_  
*(Must be more than 6 months)*

Method of contact:  Telephone  Letter  other \_\_\_\_\_

Name of person making contact: \_\_\_\_\_

Reference's comments about applicant were  favorable  guarded  unfavorable

Summary of reference's comments: \_\_\_\_\_

**Third Reference:**

Person contacted: \_\_\_\_\_ Date: \_\_\_\_\_

Friend  Member  Other \_\_\_\_\_ Length of time applicant known \_\_\_\_\_  
*(Must be more than 6 months)*

Method of contact:  Telephone  Letter  other \_\_\_\_\_

Name of person making contact: \_\_\_\_\_

Reference's comments about applicant were  favorable  guarded  unfavorable

Summary of reference's comments: \_\_\_\_\_

*(Signature is required)*

Signature of person filing this report \_\_\_\_\_ Date: \_\_\_\_\_

Print name \_\_\_\_\_ Title: \_\_\_\_\_

**4) PERSONAL INTERVIEW – APPLICANT** (To be completed by a church representative)

All children and youth worker applicants must be interviewed by the appropriate church officer, or the person designated to do so by that officer. Before the interview, the interviewer needs to review the Application and the applicant's Record of Contact. The following questions are examples of questions that should be included in the interview.

- Why do you want to be a children and youth worker?
- What do you feel would be your strong points as a children and youth worker?
- What do you feel would be your weak points or things you need to improve?
- What experience have you had working with young people?
- What do you feel was the most important concept you learned in the RCYW Core Training?
- What other training or education, if any, have you received that may help you as a youth worker?
- Describe your involvement in church, children or youth programs as you were growing up.
- Have you faced any issues in your life that you feel may positively or negatively impact your ministry?
- Do you feel like you are capable of being a positive role model for young people? Why?
- Share any church experiences that have been important to you or would be helpful for us to know.

Summary of Applicant's comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Statement of Personal Interviewer**  
*Confidential Information*

I have interviewed \_\_\_\_\_ and reviewed the references.

*Applicant's Name*

**I recommend.** To the best of my knowledge I find the applicant to be of good character and to possess the qualities needed to serve as a children and youth worker in the Community of Christ.

**I cannot recommend** this individual as a children and youth worker in the Community of Christ.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Signature is required)

Interviewer's signature \_\_\_\_\_ Date: \_\_\_\_\_

Print interviewer's name \_\_\_\_\_ Title: \_\_\_\_\_

**5) ADMINISTRATIVE REVIEW & APPROVAL**

Statement of Church Officer

I have reviewed the Application, Record of Contact, and Statement of Personal Interviewer for

\_\_\_\_\_

*Applicant's Name*

**I recommend.** To the best of my knowledge I find the applicant to be of good character and to possess the qualities needed to serve as a children and youth worker in the Community of Christ.

**I cannot recommend** this individual as a children and youth worker in the Community of Christ.

\_\_\_\_\_ Date: \_\_\_\_\_  
\* *Signature of Church Officer* (Signature is required. May or may not be same person as previous pages. Best practice dictates different officers if possible.)

\_\_\_\_\_ Phone Number: \_\_\_\_\_  
*Print Name*

Title/Designation: \_\_\_\_\_ Email: \_\_\_\_\_

Address of Church Officer: \_\_\_\_\_

City; State/Province; Zip/Postal Code: \_\_\_\_\_

Nation: United States of America

Approved by Mission Center President or Mission Center Financial Officer  
(\*signature required, even if it is the same person as above)

\_\_\_\_\_  
*Signature*

Print name: Robert Cook, MC President/Financial Officer Date: \_\_\_\_\_

Mission Center: Cedar Valley-Nauvoo Mission Center

**\*Best practice dictates different officers if possible.**

\*Fully completed and signed forms should be submitted to:  
Gayla Burgess, CVNMC Admin Assistant  
3361 Quail Trail Ct, Marion, IA 52302 / [gaylacofc@gmail.com](mailto:gaylacofc@gmail.com)