

TRINITY LEARNING MINISTRY
TRINITY UNITED METHODIST CHURCH
(812)944-2251 office@trinitylearningministry.org
APPLICATION TO WORK WITH CHILDREN
Date _____

NAME _____ PHONE NUMBER _____

EMAIL ADDRESS _____

HOME ADDRESS/CITY/STATE/ZIP (last 2 addresses/5 yrs) DATES IN RESIDENCE
Current: _____

EMERGENCY CONTACT:
Name _____ Relationship _____
Phone(s) _____
Address _____

EDUCATIONAL BACKGROUND:
High School _____ City/State _____ Yr Graduated _____
College _____ City/State _____ Yrs Attended _____
Degree(s) _____ Received from _____ Date _____

EMPLOYMENT (from most recent):	Address	Dates employed
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

LIST THREE REFERENCES (not relatives) WHO CAN TELL ABOUT YOUR RELATIONSHIPS WITH CHILDREN AND YOUR WORK EXPERIENCES – ALL CONTACT INFO MUST BE COMPLETE:

Name _____ Relationship _____
Email _____
Name _____ Relationship _____
Email _____
Name _____ Relationship _____
Email _____

TRAINING (indicate latest date):

CPR Training_____ First Aid Training_____ Universal Precautions Training_____

Have you been fingerprinted by the IN Department of Family & Social Services? _____NO _____YES _____YR?

Any other training related to this position_____

Are you willing to attend training sessions? _____YES _____NO

PLEASE EXPLAIN ANY SCHEDULE CONFLICTS WHICH YOU MIGHT HAVE:

EXPLAIN ANY ILLNESS, DISABILITY, AND/OR LIMITATIONS WHICH MIGHT AFFECT YOUR WORK WITH CHILDREN:

WHAT TALENTS, SKILLS, ACTIVITIES HAVE CONTRIBUTED TO YOUR QUALIFICATIONS FOR THIS POSITION?

WHAT DO YOU FEEL A CHURCH-RELATED PROGRAM CAN CONTRIBUTE TO THE LIVES OF CHILDREN?

DESCRIBE ONE OF THE MOST SATISFYING EXPERIENCES YOU HAVE HAD WITH CHILDREN:

IF YOU WERE A PARENT SEEKING CHILD CARE FOR YOUR CHILD, WHAT QUALITIES WOULD YOU BE LOOKING FOR AT THE CENTER YOU CHOSE?

WHAT CHARACTERISTICS WOULD YOU EXPECT YOUR CHILD'S TEACHER(S) TO POSSESS AND EXHIBIT?

HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENSE? YES NO

HAVE YOU EVER BEEN CHARGED WITH OR CONVICTED OF CHILD NEGLECT OR ABUSE? YES NO

HAVE ANY COMPLAINTS OR ALLEGATIONS OF MISCONDUCT INVOLVING CHILDREN EVER BEEN MADE AGAINST YOU? YES NO

HAVE YOU BEEN CONVICTED OF THE POSSESSION, USE, OR SALE OF DRUGS? YES NO

WITHIN THE PAST 30 DAYS HAVE YOU ABUSED ALCOHOL, LEGAL, OR ILLEGAL DRUGS? YES NO

Please fully explain any YES answers to the above questions. In addition to the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young children? If so, explain below.

The information that I have provided may be verified by contacting persons or organizations that may have information concerning me. I hereby release and agree to hold harmless from liability any person or organization that provides information, and this release may be sent to any reference. I also agree to hold harmless the Trinity United Methodist Church, and the officers, employees, and volunteers thereof from any use of this application or information. I waive any right that I may have to inspect references provided on my behalf.

I certify that the information I have provided is true and correct; if it is found that the answers given are untrue, I understand that it may be cause for dismissal.

Signature _____ Date _____