

**CONFIDENTIAL**

## SPIRITUAL EDUCATOR INFORMATION

*This form is to be completed by all persons who work in any educational ministry in our church.*

### Personal Information

|                            |            |   |
|----------------------------|------------|---|
| Name <i>(PLEASE PRINT)</i> |            |   |
| Street Address             | Apt. #     | Valid Driver's License # if providing transportation for events.                                    |
| City, State                | Zip Code   | DL# State<br>Are you 25 years or older?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Home Phone                 | Work Phone | E-mail <i>(PLEASE PRINT)</i>  |

### Special Gifts

|                             |
|-----------------------------|
| Special Skills & Training   |
| Special Interests & Hobbies |

### Experience

|   |
|---|
| What experiences in the church or community have you had in working with children and/or teens?                               |
| What factors (experiences, gifts, training, etc) have contributed to your interest in working with our children and/or teens? |
| What are your greatest concerns and apprehensions as you contemplate this ministry?   |

## Unity Background

|  |  |
|--|--|
| How long have you been attending our Ministry? | Are you a member?<br><input type="checkbox"/> No <input type="checkbox"/> Yes...How long? _____  |
| What Unity classes have you taken?             | What age children/youth do you prefer to work with?<br><input type="checkbox"/> Nursery <input type="checkbox"/> Preschool <input type="checkbox"/> K – 2 <sup>nd</sup><br><input type="checkbox"/> 3 <sup>rd</sup> – 5 <sup>th</sup> <input type="checkbox"/> Uniteen <input type="checkbox"/> Y.O.U. |
|  | What role do you prefer?<br><input type="checkbox"/> Teacher/Sponsor <input type="checkbox"/> Classroom Assistant <input type="checkbox"/> Chaplaincy  |

## Personal References

|                                     |                                     |
|-------------------------------------|-------------------------------------|
| Two people we may contact:          |                                     |
| Name:                               | Name:                               |
| Street Address:                     | Street Address:                     |
| City, State, Zip:                   | City, State, Zip:                   |
| Phone:                      E-Mail: | Phone:                      E-Mail: |

## Child Safety & Protection

|  |
|--|
| Have you read our church's policies on child and youth safety and protection against abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| What questions do you have about these policies?   |
| Will you submit to a background check? <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Have you ever been convicted or pleaded guilty to child abuse or a crime involving actual or attempted sexual molestation of a minor?<br><input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, please explain. |

## Applicant's Statement

"I certify that the facts contained in this application are true and complete to the best of my knowledge. I hereby authorize this ministry to conduct an inquiry into my background to include personal and public record information. I specifically release criminal information repositories, courts, schools and institutions from any liability so that they may freely and completely respond to any inquiry relating to this application. I understand that any falsifications or omissions may result in my application being rejected or may result in my termination from volunteer service. I agree to be bound by the policies of this ministry and to refrain from inappropriate behaviors in the performance of my duties.

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