



YOUTH APPLICATION FORM

This application is to be completed by all youth applicants (under the age of 18) who are applying to serve in any position, whether paid or volunteer, involving the care of children or youth. This 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.

PRIMARY INFORMATION		
Last Name:	First Name:	Middle Name:
Birth Date:	Home Phone:	Cell Phone:
Present Address:		
City:	State:	Zip Code:
Email Address:		
Who do you live with (<i>parents, guardians, one parent, etc.</i>)?		
Parent/Guardian 1 Full Name:		
Parent 1 Phone:	Parent 1 Email:	
Parent/Guardian 2 Full Name:		
Parent 2 Phone:	Parent 2 Email:	
School:	Grade Level:	
Which congregation/institution are you applying to serve in?		
How long have you been a part of the congregation?		
What ministry or ministries are you interested in?		
What prompted you to get involved in this/these ministry/ministries?		
REFERENCES		
References (<i>must be non-relative over the age of 18 whom you have known for more than 2 years</i>)		
1. Name: _____ Email: _____		
Relationship: _____ Years Known: ___ Phone: _____		
2. Name: _____ Email: _____		
Relationship: _____ Years Known: ___ Phone: _____		
School Reference (<i>a principal, assistant principal, dean, head of school, etc. – those are who are homeschooled should ask for alternate acceptable reference persons</i>) – <i>This reference person must complete the attached form.</i>		
1. Name: _____ Title: _____		
Email: _____ Phone: _____		

ADDITIONAL BACKGROUND INFORMATION

Please list any other gifts, training, education or other factors that have prepared you to work with children or youth:

Please list any other ministries or organizations that you have been or currently are involved with:

The following questions are part of our application process in order to help provide a safe and secure environment for our children. All information is held in strict confidence. Answering yes to any of these questions may not necessarily preclude your involvement.

1. Have you been in any legal trouble? Yes No *(If yes, please explain.)*

2. Have you ever been in any disciplinary trouble at school? Yes No *(If yes, please explain.)*

3. Have you ever been involved in actual or attempted sexual abuse of a minor, or in a crime related to child pornography? Yes No *(If yes, please explain.)*

If you answered yes to any of the questions above, please explain in detail (use extra page if necessary).

By signing my name below, I attest that all the responses and information I have provided are honest and truthful to the best of my knowledge.

Youth signature

Date

Parent/Guardian signature



SCHOOL ADMINISTRATOR REFERENCE FORM FOR A YOUTH

School Reference Release *(to be completed by student and his/her/their parent or guardian)*

I understand that I am applying to work in a position with a vulnerable population, children and/or youth, and this requires special consideration, involving reference checks. By signing this release, I am voluntarily requesting that the administrator, _____ [reference name] whom I have nominated from my current school, _____ [school name] in _____ [city, state], to respond freely and accurately to any questions and requests from the Episcopal Diocese of Western Tennessee and _____ [church name] in _____ [city]. I authorize this administrator to disclose any disciplinary-related information, which, in his/her/their sole discretion and judgment, may determine is appropriate to disclose, including any personal comments, evaluations, or assessments that the church or diocese may have about my behavior and fitness to work with children and youth.

Youth Full Name: _____ Date of Birth: _____

Youth Signature: _____ Date Signed: _____

Parent/Guardian Signature: _____

To be completed by reference:

How long have you known the above-named student? _____

The above-named youth has applied to serve in a role involving work with other children and/or youth.

Would you have any reservations about recommending this youth to serve in such a role? Yes No

Any additional remarks?

Would you like to speak to the diocesan/church representative by phone? Yes No

If 'Yes', please indicate the best phone number and days/times to contact you:

This reference form should be completed by the named administrator and sent directly by him/her/them to the Diocese by USPS, email, or fax to:

*Episcopal Diocese of West Tennessee
692 Poplar Avenue
Memphis, TN 38105
901.937.4700 (office)
901.284.1397 (fax)
diocese@episwtn.org*