

University Christian Fellowship (UCF)
P.O. Box 35293 Syracuse, NY 13235

GENERAL INFORMATION

BACKGROUND INFORMATION

[illegible]

I have chosen to work with UCF Youth and/or Children because:

If there has been alcohol abuse, drug abuse, physical or sexual abuse in your family background, what steps have you taken to minimize the impact that those issues will create for you, both now and in the future? _____

REFERENCES

List three adults you have known for at least one year, who are not related to you and have a definite knowledge of your character and your ability to work with children.

1. UCF Staff, Leadership Member, Small Group or Ministry Leader

Name _____ Nature of Association _____
Occupation _____ Length of time known _____
Address _____ City _____ State _____ Zip _____
Home Phone () _____ Work Phone () _____

2. Employer or Fellow Employee

Name _____ Nature of Association _____
Occupation _____ Length of time known _____
Address _____ City _____ State _____ Zip _____
Home Phone () _____ Work Phone () _____

3. Social Friend or Neighbor

Name _____ Nature of Association _____
Occupation _____ Length of time known _____
Address _____ City _____ State _____ Zip _____
Home Phone () _____ Work Phone () _____

PREVIOUS ADDRESSES

If you have lived at your current address for less than seven years, provide information on all addresses during that period.

Address _____ City _____ State _____ Zip _____
Dates _____ - _____

Address _____ City _____ State _____ Zip _____
Dates _____ - _____

Address _____ City _____ State _____ Zip _____
Dates _____ - _____

EMPLOYMENT HISTORY

Present Employer _____ Supervisor _____
Address _____ City _____ State _____ Zip _____
Position(s) held _____ • Full Time • Part Time
Employment Dates: Starting _____ Ending _____

If you have been employed at this position for less than two years, provide information on each job during that period.

Present Employer _____ Supervisor _____
Address _____ City _____ State _____ Zip _____
Position(s) held _____ • Full Time • Part Time
Employment Dates: Starting _____ Ending _____

MILITARY SERVICE

Branch _____ Enlist Date _____ Discharge Date _____

PERSONAL SITUATIONS

Are you? • Single • Married • Widowed • Divorced
Do you have children of your own? • Yes • No

Have you ever been arrested, convicted, or pleaded guilty to a crime? • Yes • No
If Yes, explain. _____

Have you ever been accused, charged, alleged to have, or have you ever committed any act of neglecting, abusing, or molesting any child? • Yes • No If yes, explain in detail, providing date and place of incident.

Have you ever been concerned that you might have an addiction to drugs, alcohol, pornography, or any other addiction; or has anyone ever suggested that you may have a problem with any of the above? • Yes • No
If yes, explain.

Have you ever been treated for a psychiatric disorder? • Yes • No If yes, explain.

Is there any circumstance or pattern in your life which would make it inappropriate for you to serve with minors or would compromise the integrity of UCF? • Yes • No If yes, explain.

CHURCH HISTORY AND PRIOR YOUTH WORK

Are you a participating member of UCF? • Yes • No
If no, name of church of which you are a member

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

CHURCH HISTORY AND PRIOR YOUTH WORK (cont.)

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

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 have regarding my character and fitness for children or youth work. I authorize the release of the information contained in this application to any ministry at UCF in which I seek a position (volunteer or compensated). In consideration of the receipt and evaluation of this application by UCF, 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 rights 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 refrain from unscriptural conduct in the performance of my services on behalf of the church.

I further state that I HAVE CAREFULLY READ THIS FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND 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 _____
Parent Signature _____ (if student helper is applicant)	Date _____

REQUEST FOR CRIMINAL RECORDS CHECK AND AUTHORIZATION

IMPORTANT: THIS SECTION MUST BE COMPLETED BY EVERY APPLICANT, REGARDLESS OF CRIMINAL RECORD.

I hereby request and authorize the release of any information which pertains to any record of convictions contained in law enforcement files or in any criminal file maintained on me whether local, state, or national. I hereby release, local, state, and national law enforcement agencies 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 _____

Driver's License Number and State _____

Social Security Number _____

Today's Date: _____



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