

# Youth Program

## Volunteer Application Supplement

Human Resources

**United Church of God**  
*an International Association*

This supplement is required for youth program volunteers, including camp workers, of the United Church of God (herein "Church") whose current or desired position includes, or might include, working with, or in close proximity to, minors.

Name	Address	City	State	Zip
Phone Number (     )	Are you affiliated with the United Church of God? Yes <input type="checkbox"/> No <input type="checkbox"/>		Name of local church pastor	
Which congregation do you attend?	How long have you attended?	Are you a baptized member of the United Church of God? Yes <input type="checkbox"/> No <input type="checkbox"/>		If baptized, date of baptism

### References

List each Church area you have attended and each Pastor you have had during the past ten years

Name of Present Employer	Street Address	City	State	Zip
Immediate supervisor	Phone Number (     )	Length of time employed		

Please provide two references, people not related to you, that we may contact. These may include church members.

Name:	Street Address:	Phone: (     )
Name:	Street Address:	Phone: (     )

### Criminal Record/Child Abuse

Have you ever been convicted of child abuse, child molestation, child neglect, sexual assault, rape or any other sex crimes, drug crimes, violent crimes or any felonies?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date(s) of conviction(s)
Have you ever committed or been charged with committing child abuse or any of the other offenses set forth above?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, where and when?
Is there any criminal case or accusation involving the foregoing abuse or other offenses currently pending against you or on appeal?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please describe the nature of the case or accusation.
If convicted, penalties imposed		

### Civil Record (lawsuits)

Have you ever had a lawsuit filed or civil judgment entered against you or is there a pending complaint against you concerning intentional injury against others, your treatment of minors or any other unchristian behavior?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date(s) of suit(s)
Location(s) of case(s)	Case number(s)	
Is any such civil case currently pending against you or on appeal?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If a judgment was entered against you, state its requirements.

### Sexual Misconduct Policy

I have read the Sexual Misconduct Policy and Youth Protection Guidelines of the United Church of God, *an International Association*. Yes  No

I have signed a copy of the "Participation Agreement for Youth Leaders". Yes  No  It is on file with:  my local pastor  a Camp Director

Provide the congregation name and pastor's name or UYC Camp Director's name:

### Character Traits

What character traits and abilities do you have that qualify you to work with youth in athletic programs and learning situations? Please list.

**Character Traits** (continued)

What character traits and abilities do you have that qualify you to work with youth in athletic programs and learning situations? Please list.

**Experience** (This section for new applicants only)

Please provide a brief history of your experience working with youth programs of the Church, local schools and other organizations. (Use additional sheet if necessary).

Date	Type of experience					
Program director's name	Address	City	State	Zip	Phone number (      )	
Date	Type of experience					
Program director's name	Address	City	State	Zip	Phone number (      )	
Date	Type of experience					
Program director's name	Address	City	State	Zip	Phone number (      )	
Date	Type of experience					
Program director's name	Address	City	State	Zip	Phone number (      )	

**Automobile Information**

Do you have a driver's license?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	State	License number
Do you have an automobile you can use for the youth program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Make of car	Year
Do you have automobile insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Insurance company	Policy number
Liability limits per person			Liability limits per accident	Property damage limits
Are you under an "assigned risk" policy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please explain the reason(s)	

**Job Functions**

The essential job functions of a worker with youth programs may include a requirement to perform strenuous physical activities and may require skills in competitive sports which demand endurance and dexterity. Are you capable of performing those functions?

Yes                       Yes                       No

If reasonable accommodation is needed, how would you perform those tasks and with what accommodation(s)?

with reasonable accommodation

Applicant's signature

Date

**Approval:** The applicant has been

Approved

Denied

Comments (optional)

Approved by:

**X**

Date