**APPLICATION TO BECOME AN APPROVED ADULT**

**Grain of Wheat Church Community**

*Persons responsible for the nurture, supervision and care of our children/youth are in a special position of trust and confidence. Therefore, all adults (20 years of age or older) seeking to work with the children /youth of Grain of Wheat Church must complete this form.*

**Name:**

**Date:**

**Address:**

**Telephone (home)**:  **(work):**

**Email address: (cell):**



**Are you 20 years of age or older Yes No**

**1) What position would you like to volunteer in (helper, teacher, something else)? Please briefly explain what interests you about this position?**

**2) Describe any church work you have done with children/youth during the last five years. Include the church’s name, city, and year(s) of participation.**

**3) Describe any non-church related work you have done with children/youth during the last five** **years. Include the organization’s name, city, and year(s) of participation.**

**4) Names and address of all churches you attended on a regular basis during last 5 years.**

**5) Please provide the names, addresses and phone numbers of 3 people (not relatives and outside of Grain of Wheat Church-Community) who have known you for at least 5 years that we may contact as reference; if applicable please include a minister/leader from the last church you attended :**

1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6) Is there any reason why you should not work with children/youth?**

 **\_\_\_\_yes \_\_\_\_\_no**

If yes, please explain:

**7) Have you ever been accused of abusing a child/youth? \_\_\_\_\_yes \_\_\_\_\_no**

If yes, please explain:

**8) Have you ever been involved in a child abuse investigation as a witness, alleged victim, or alleged abuser? \_\_\_\_\_\_\_yes \_\_\_\_\_\_no**

If yes, please explain:

**9) Have you ever been arrested for, convicted of, or plead guilty to a criminal offense against a person? \_\_\_\_\_\_\_yes \_\_\_\_\_\_\_no**

If yes, please explain:

**10**) **We require that all volunteers and employees who work with vulnerable people complete a child abuse registry and criminal record check. GOWC-C is able to submit the child abuse registry on your behalf.**

Do you agree to complete the necessary paperwork to allow GOWC-C to submit this application on your behalf?\_\_\_\_\_\_\_yes \_\_\_\_\_\_\_no

You will need to complete the criminal record check that includes a vulnerable sector check on your own

 – do you agree to submit a completed criminal record check within 3 weeks of submitting this application?

\_\_\_\_\_\_\_yes \_\_\_\_\_\_\_no

***I agree that the information contained in this application is correct to the best of my knowledge.***

***Applicant’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***