CARE-PROVIDER APPLICATION

CHRISTIAN REFORMED CHURCH OF ST. JOSEPH 3275 WASHINGTON AVE. ST. JOSEPH, MICHIGAN 49085 (269)429-5541

Date:	Date of Birth	:: SS#:		
Name:	st	First	Middle	
Address:	reet			
City		State	1 1 1 1 1 1 1 1 1 1 1	Zip
Phone:		Work Phone:		
Do you have a current	driver's license? Y/N	Driver's License Number _		State
If not, explain				State
How long have you live	ed at current address?			
Former Address				
	PREVIO	US EXPERIENCE		
Please list other churc	hes you have attended dur	ring the past five years, if any:		
Please list all previous	work involving youth:			
List any talents, trainin	g, education, church work,	or other experience that has pre	pared you for yo	uth work:
Have you ever been co	onvicted of a crime other th	nan ordinary traffic violation:	Yes	No
-		a civil neglect/abuse case:		
•				
If yes, describe in full _				

PERSONAL REFERENCES Employees, supervisors, or church co-workers may be included. Do not include relatives. Reference #1 Name Relationship_____ Address Telephone____ Reference #2 Relationship_____ Address Telephone_____ Reference #3 Name Relationship Address_____ Telephone _____ The information contained in this screening form is correct to the best of my knowledge. I authorize the listed references to give you any information including opinions they have regarding my character and fitness for youth work. I waive any right I may have to inspect any information provided about me by any person identified in this application form. Upon consideration of this screening form, I release any individual, church or church official, employees, reference or organization 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 attempt to comply with this authorization. I have carefully read the foregoing release and know the contents thereof and sign this release of my own free will. This is a legally binding agreement which I have read and understood. Signature___ Date The Christian Reformed Church of St. Joseph (CRCSJ) routinely runs a criminal records check on all applicants. By signing this form, you are granting permission for CRCSJ to run a criminal records check on your background. Signature_____ Date____

IZCICICI	TELEPHONE REFERENCE CHECK ce # Date:
Screene	r name
	g have you known this person? u ever observed this person interact with youth?
Please o	describe:
	you describe this person's ability to follow through on commitments?
of this po	nave any personal knowledge, or have you ever heard erson having any problems with the abuse of drugs, sexually inappropriate behavior, or anything else?
for youth	recommend this person to be in a position of caring a without any concern, reservation, or hesitation? Y / N any additional information that you think is important hurch to know about this person?
Referen	TELEPHONE REFERENCE CHECK ce # Date:
Screene	r name
Please o	g have you known this person? u ever observed this person interact with youth?
	u ever observed this person interact with youth?
Do you l	describe: you describe this person's ability to follow through on commitments?
Do you I of this pound alcohol, Can your for youth Is there	describe: you describe this person's ability to follow through on commitments? nave any personal knowledge, or have you ever heard erson having any problems with the abuse of drugs,