

NURSERY CAREGIVER APPLICATION
Trinity Episcopal Church

Name: _____
Address: _____
Daytime Phone: _____ Evening Phone: _____
E-mail Address: _____
Social Security # _____
Driver's License # _____
Emergency Contact _____ Phone # _____
Name and relationship _____
Occupation: _____
Current job responsibilities and schedule: _____

Employment History (include present and prior employers for the past ten years – add additional pages as needed)

Company name: _____
Position held: _____
Name of Supervisor and Phone # _____
Dates of employment: from _____ to present

Company name: _____
Position held: _____
Name of Supervisor and Phone # _____
Dates of employment: from _____ to _____
Reason for leaving position: _____

Company name: _____
Position held: _____
Name of Supervisor and Phone # _____
Dates of employment: from _____ to _____
Reason for leaving position: _____

Current and previous volunteer experience (include present and past experience for the past ten years – add additional pages as needed)

Organization: _____
Duties: _____
Name of Supervisor and Phone # _____
Dates: from _____ to _____

Organization: _____
Duties: _____
Name of Supervisor and Phone # _____
Dates: from _____ to _____

Organization: _____
Duties: _____
Name of Supervisor and Phone # _____
Dates: from _____ to _____

Special interests, hobbies, and skills: _____

Why would you like to work with children? _____

What qualities do you have that would help you work with children? _____

Would you be available for periodic training sessions? Yes _____ No _____

Protection of Children and Youth

In order to protect children and youth, the Diocese of Iowa strictly prohibits interaction with children or youth by anyone known to have a civil or criminal record of child abuse, or who has admitted to sexually abusing children or youth, or has a paraphiliac diagnosis (i.e. pedophilia, exhibitionism, voyeurism) as defined by the American Psychiatric Association.

In order to keep our children safe, the Diocese of Iowa requires that all those who work with or around children and/or youth be screened. This screening includes completion of this application, reference checks, sexual offender registry checks, driving or motor vehicle checks (if the person may be transporting children or youth) and criminal history checks (except for church school teachers, adults who participate in overnight activities with children or youth once or twice a year, adults who work or assist in the nursery four or fewer times a year, and adults who supervise or assist with supervising children or youth infrequently – no more than three times a year or for one program or activity during a year that lasts less than one month – for example, assisting with preparation for the Christmas pageant or Vacation Bible School).

In order to complete your screening, we need the following information:

References: (Please provide three character references - other than family members - who can identify your strengths and weaknesses and describe your background and ability to relate with children and youth.)

1. Name _____

Address _____

Home/ work phone #s _____

How does this person know you? _____

2. Name _____

Address _____

Home/ work phone #s _____

How does this person know you? _____

3. Name _____

Address _____

Home/ work phone #s _____

How does this person know you? _____

Please answer the following questions. (If any of your answers are yes, please attach another page and write a full explanation.)

1. Have, you, at any time, been involved in or accused, rightly or wrongly, of sexual abuse, neglect or mistreatment (emotional or physical) of children or youth? Yes _____ No _____

2. Have you ever been accused or convicted of possession/sales of controlled substances or of driving under the influence of alcohol or drugs? Yes _____ No _____

3. Are you using illegal drugs? Yes _____ No _____

4. Have you ever been arrested or convicted for any criminal act more serious than a traffic violation?

Yes_____ No_____

5. Have you ever been involved romantically or sexually with any student in youth ministry or had sexual relations with any minor after you became an adult? Yes_____ No_____

Acknowledgement, Release and Signature

To the best of my knowledge, the information contained in this application is complete and accurate. I understand that providing false information is grounds for not hiring me or choosing me for a volunteer position or for my discharge if I have already been hired or chosen.

I authorize any person or organization, whether or not identified in this application, to provide any information concerning my educational, employment, volunteer, driving, criminal record, sexual registry or other qualification for my employment or volunteering. I also authorize _____ (parish) to request and receive such information.

In consideration of the receipt and evaluation of this application by the Church, I hereby release any individual, church, youth organization, charity, employer, supervisor, reference, or other person or organization, including records custodians, from any and all liability for damages of whatever kind or nature that may at any time result to me, my heirs or family, because of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

If hired or chosen, I agree to be bound by the Diocese of Iowa Policies and Procedures Concerning Sexual Boundaries. I have been given and have read a copy of these Policies & Procedures. If, I violate these Policies and Procedures, I understand that my volunteer status may be terminated.

I state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF, AND I SIGN THIS RELEASE AS MY OWN ACT. This is a legally binding document, which I have read and understand.

Print name_____

Signature_____Date_____