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# Children and Youth Ministry

WORKER

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SCREENING

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FORM

**PENINSULA COMMUNITY CHURCH**  
*RANCHO PALOS VERDES, CALIFORNIA*

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**PENINSULA COMMUNITY CHURCH**  
PRESCHOOL, CHILDREN OR YOUTH WORKER SCREENING FORM  
**(CONFIDENTIAL)**

This screening form is to be completed by all applicants for any position (volunteer or compensated) involving the supervision or custody of minors. It is being used to help the church provide a safe and secure environment for those children from birth through 17 years old who participate in our programs and use our facilities.

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

PRESENT ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE (DAY) \_\_\_\_\_ (EVENING) \_\_\_\_\_

PLEASE INDICATE THE TYPE OF YOUTH, CHILDREN OR PRESCHOOL WORK YOU PREFER. \_\_\_\_\_

PLEASE INDICATE THE DATE YOU WOULD BE ABLE TO BEGIN. \_\_\_\_\_

WHAT IS THE MINIMUM LENGTH OF COMMITMENT YOU CAN MAKE? \_\_\_\_\_

**ARE THERE ANY CIRCUMSTANCES INVOLVING YOUR LIFESTYLE OR YOUR BACKGROUND THAT WOULD CALL INTO QUESTION YOUR ABILITY TO WORK WITH PRESCHOOLERS, CHILDREN OR YOUTH?**     YES     NO

**DO YOU HAVE OR ARE YOU CURRENTLY EXPOSED TO ANY INFECTIOUS DISEASE SUCH AS BACTERIAL MENINGITIS, HEPATITIS A OR B, HIV OR AIDS?**     YES     NO

**HAVE YOU EVER BEEN CONVICTED OR RECEIVED DEFERRED ADJUDICATION FOR ANY SEXUALLY OR ABUSE-RELATED CRIMES?**     YES     NO

IF YES TO ANY OF THE ABOVE, PLEASE EXPLAIN. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IF YOU WERE A VICTIM OF ABUSE OR MOLESTATION WHILE A MINOR, HAVE YOU SOUGHT PROFESSIONAL HELP AS YOU WORK TO RESOLVE THE ISSUES SURROUNDING THE ABUSE?\*

YES     NO     NOT APPLICABLE

*\* If you prefer, you may refuse to answer this question, or you may discuss your answer in confidence with the church counselor rather than answering it on this form. Answering yes, or leaving the question unanswered will not automatically disqualify an applicant for preschool, children or youth work.*

**PENINSULA COMMUNITY CHURCH**  
 CHURCH HISTORY AND PRIOR PRESHCOOL/CHILD/YOUTH WORK

List the name and address of other churches you have attended regularly during the past five years, and the dates attended.

CHURCH NAME	ADDRESS	DATES ATTENDED

List all previous church work involving preschoolers/children/youth. List each church's name and address, type of work performed and dates.

CHURCH NAME	ADDRESS	TYPE OF WORK	DATES SERVED

List all previous non-church work involving preschoolers/children/youth. List each organization's name and address, type of work performed and dates.

ORGANIZATION	ADDRESS	TYPE OF WORK	DATES SERVED

List any gifts, callings, training, education or other factors that have prepared you for child or youth work.

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WRITE A PARAGRAPH SUMMARIZING THE CIRCUMSTANCES SURROUNDING YOUR ACCEPTANCE OF CHRIST AS YOUR SAVIOR.

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PERSONAL REFERENCES (NOT FORMER EMPLOYERS OR RELATIVES)

NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
TELEPHONE _____	TELEPHONE _____

**THE INFORMATION CONTAINED IN THIS SCREENING FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE ANY REFERENCES OR CHURCHES LISTED IN THIS SCREENING FORM TO GIVE YOU ANY INFORMATION (INCLUDING OPINIONS) THAT THEY MAY HAVE REGARDING MY CHARACTER AND FITNESS FOR PRESCHOOL, CHILD OR YOUTH WORK. IN CONSIDERATION OF THE RECEIPT AND EVALUATION OF THIS SCREENING FORM BY PENINSULA COMMUNITY CHURCH, I HEREBY RELEASE ANY INDIVIDUAL CHURCH 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 RIGHT 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 BE BOUND BY THE BYLAWS AND POLICIES OF PENINSULA COMMUNITY CHURCH AND TO REFRAIN FROM UNSCRIPTURAL CONDUCT IN THE PERFORMANCE OF MY SERVICES ON BEHALF OF THE CHURCH.**

**I FURTHER STATE THAT I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF, AND I 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' SIGNATURE