



# SILVER FALLS

CHRISTIAN SCHOOL

Silver Falls Christian School  
P.O. Box 828  
Silverton, OR 97381  
**503-874-4034**

Dear Applicant,

Thank you for being willing to complete this packet so that you may be able to volunteer at SFCS. We appreciate your desire to work with our Children and Youth Ministries.

The following is a checklist to assist you in completing these application forms and educational requirements.

## APPLICANT'S CHECK LIST

Name \_\_\_\_\_

**The following forms need to be completed and returned to the office.**

\_\_\_\_\_ "Screening Form for Children's Workers" (3 pages)

\_\_\_\_\_ Copy of picture ID with signature and date, copy of Social Security #

\_\_\_\_\_ Applicant's Statement (1 page)



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## SCREENING FORM FOR CHILDREN AND YOUTH WORKERS

The purpose of this form is to help our school provide a safe and secure environment for those children and youth who participate in our programs and use our facilities.

This application is to be completed by all applicants for any regular position involving the supervision or custody of minors. This is not an employment application form. Add extra pages if more space is needed to answer any of the following questions.

Date \_\_\_\_\_ Birth Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

S.S. number \_\_\_\_\_ ODL \_\_\_\_\_ Staff Validation Initials \_\_\_\_\_  
(Identity must be confirmed with a valid state driver's license or other current photo I.D.  
We will need to photocopy your Driver's License)

Home address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Marital status \_\_\_\_\_ Spouse's name \_\_\_\_\_

List three former addresses with dates - within the last 5 years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have current vehicle insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list the insurance company and policy number. \_\_\_\_\_

\_\_\_\_\_

Please indicate the type of youth or children's work you prefer: \_\_\_\_\_



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## Criminal Record

1. Do you have a criminal record for any misdemeanor or felony offense?

Yes\_\_\_ No\_\_\_ If yes, please explain. (Use back of this form if necessary.)

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A. If your criminal record includes a conviction for any offense involving drugs (use or possession), please explain. (Use back of this form if necessary.)

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B. If your criminal record includes a conviction for any offense of violence or sexual misconduct, please explain. (Use back of this form if necessary.)

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2. Have you ever been sued in a civil action where the allegation(s) included sexual misconduct? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain. (Use back of this form if necessary.)

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A. Was any counseling given to the applicant as part of the penalty?

Yes\_\_\_ No \_\_\_.



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## Church History and Prior Children or Youth Work

3. Church currently attending? \_\_\_\_\_ How long? \_\_\_\_\_  
Are you a member? Yes \_\_\_\_\_ No \_\_\_\_\_

4. List (names and addresses) of other churches you have attended regularly during the past five (5) years. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. List all previous church work involving children or youth in the last 5 years. Write name and address of church, type of work and dates attended.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. List previous non-church work involving children or youth in the last 5 years. Show name and address of organization. Include type of work and dates.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. List three personal references (not former employers or relatives):

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone ( \_\_\_\_\_ ) \_\_\_\_\_



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**ON A SEPARATE PAGE**

*PLEASE COPY YOUR PICTURE ID, SIGNATURE AND DATE*

When the application process (including background check, references, and education) is complete a copy of the background check will be sent to you. All information acquired will be kept in a secure location.

**\*\*Screening form for children or youth workers has been reviewed by**

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Signature & date

Silver Falls Christian School  
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**APPLICANT'S STATEMENT**

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information (including comments) that they may have regarding my character and fitness for working with children or youth.

In consideration of the receipt and evaluation of this application by Silver Falls Christian School, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from all liability for damages 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.

I understand that, and consent to, a criminal background check (if appropriate) to be conducted.

Applicant's Signature \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

Witness \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_  
(Notarization is not required)

**If you are applying to be a volunteer worker all white pages need to be completed and returned to the SFCS office.**

**All pages of this form are CONFIDENTIAL and will be filed in a safe, secure place.**