



Newberg  
Friends  
Church

## Application Form for Youth Ministries

The purpose of this form is to assist in providing a safe and secure environment for youth who participate in NFC youth programming. This application must be completed by all applicants for any position involving the supervision or custody of minors. The material contained in this application will be kept confidential and shared only with those who have a genuine need to know in order to carry out their responsibilities. This is not an employment application form.

Name \_\_\_\_\_ Maiden \_\_\_\_\_  
First M.I. Last

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Alternate phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Please give a brief summary of your Christian experience, including how you came to know Christ:

Why do you want to minister to and/or work with the youth at Newberg Friends?

Personal reference name & phone \_\_\_\_\_

Personal reference name & phone \_\_\_\_\_

# Criminal History Verification of Applicant

All states in which you have lived \_\_\_\_\_

Date of birth (00/00/0000) \_\_\_\_\_

Circle Y (yes) or N (no) for each of the following:

Have you been arrested for any reason?	Y	N
Have you been convicted of or pleaded no contest to any crime?	Y	N
Have you engaged in any child molestation, exploitation, or abuse?	Y	N
Are you aware of anything about you that might pose a threat to youth?	Y	N
Are you aware of any reason you should not work with youth?	Y	N

If the answer to any of the above questions is "Yes," please explain:

I have carefully and truthfully answered the questions in this application. Should my application be accepted, I agree to follow the policies of Newberg Friends Church, to refrain from unscriptural conduct in my performance, and to fulfill agreed-to commitments to the best of my ability.

By signing this application, I give permission to Newberg Friends Church to verify the information I have provided. NFC may contact references and appropriate government agencies as deemed necessary in order to verify my suitability to work with youth. I waive any right I may have to inspect any information provided about me by any organization identified by me in this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_