

# First United Methodist Church of Winter Garden

125 N. Lakeview Avenue  
Winter Garden, Florida 34787  
407-656-1135

## CHILD/YOUTH PROTECTION WORKER APPLICATION

FULL NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

CURRENT JOB RESPONSIBILITIES: \_\_\_\_\_

PREVIOUS EXPERIENCE WITH CHILDREN/YOUTH: \_\_\_\_\_

SPECIAL INTERESTS/HOBBIES: \_\_\_\_\_

AVAILABILITY TO WORK? (Check One or More)

Days: \_\_\_\_\_ Evenings: \_\_\_\_\_ Weekends: \_\_\_\_\_

CAN YOU MAKE A ONE YEAR COMMITMENT? YES NO

DO YOU HAVE YOUR OWN TRANSPORTATION? YES NO

DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO

IF YES, PLEASE PROVIDE YOUR LICENSE NUMBER: \_\_\_\_\_

INITIAL HERE THAT WE HAVE YOUR PERMISSION TO CHECK AND OBTAIN A REPORT OF YOUR DRIVING RECORD AND TO SHARE THAT INFORMATION WITH THOSE PERSONS WHO WILL ACT ON THIS APPLICATION:

\_\_\_\_ YES \_\_\_\_ NO INITIALS \_\_\_\_\_ DATE INITIALED: \_\_\_\_\_

WHY DO YOU WANT TO WORK WITH CHILDREN/YOUTH? \_\_\_\_\_

WHAT GIFTS, EDUCATION, TRAINING, OR INTERESTS DO YOU HAVE THAT WOULD HELP YOU WORK WITH CHILDREN/YOUTH? \_\_\_\_\_

WHAT ARE YOUR VIEWS ON APPROPRIATE WAYS TO DISCIPLINE? \_\_\_\_\_

HAVE YOU EVER BEEN CHARGED WITH, CONVICTED OF, OR PLEAD GUILTY TO A CRIME, EITHER A MISDEMEANOR OR A FELONY (INCLUDING BUT NOT LIMITED TO DRUG-RELATED CHARGES, CHILD ABUSE, OR OTHER CRIMES OF VILINCE, THEFT OR SERIOUS MOTOR VEHICLE VIOLATIONS)? YES NO

If "YES" explain: \_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER HAD TO DEAL WITH A CHILD ABUSE SITUATION IN ANY WAY, INCLUDING BEING ABUSED, BEING ACCUSED OF ABUSE, KNOWING SOMEONE WHO WAS ABUSED, ETC.? YES NO

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

IF "YES" EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

IF "YES", WHAT WAS YOUR ROLE: \_\_\_\_\_  
\_\_\_\_\_

REFERENCES: PLEASE LIST THREE PERSONAL REFERENCES (IE. PEOPLE WHO ARE NOT RELATED TO YOU BY BLOOD OR MARRIAGE) AND PROVIDE A COMPLETE ADDRESS AND PHONE NUMBER FOR EACH.

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Do we have your permission to contact these refereces as well as anyone else in order to obtain information about you for the purpose of considering you for a position of one who would work with children and/or youth?

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

Do we have your permission to share this information with those persons who will participate in acting on this application? \_\_\_\_ Yes \_\_\_\_ No

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Please provide digital signature or print, sign, scan and email.