

FIRST PRESBYTERIAN CHURCH
Preschool

Child's Name: _____

Class: 3's _____ 4's _____ *Please check the class your child is attending:*

 MWF am____ MWF pm____ T/TH am____ T/TH pm____

Adult Name: _____

Relationship to Child: _____

Attachment B
Confidential Security Form
First Presbyterian Church Holland

This application is to be completed by all persons who will regularly engage in the supervision of children/youth at First Presbyterian Church Holland. It is being used to help the church provide a safe and secure environment for the children and youth who participate in our programs; it is used to protect the volunteers who work with children and youth.

First Presbyterian Church Holland will run a criminal background check on its applicants and will check references. The information requested is necessary to complete these checks.

Personal Information

Please print clearly

Name (legal)

Other names you are known by such as maiden, former last names:

Current address

City/zip _____ Phone _____ Cell Phone _____

Date of Birth _____ Race _____ Sex _____

Social Security number _____ (if you wish to provide this number in a more confidential manner, please inform your interviewer)

Drivers License number _____ If none, please provide picture ID

List (names and city) other churches you have attended regularly during the past six years:

Member _____ Non Member _____ (check one)

List all previous work involving children and youth (identify place/organization and type of work)

In what area of children's work do you want to participate?

Have you ever been convicted of child abuse, actual or attempted sexual molestation of a minor or any other crime? Yes _____ No _____

If you prefer, you may refuse to answer these questions, or you may discuss your answers in confidence with the head of staff rather than answering it on this form. Answering yes, or leaving the question unanswered will NOT automatically disqualify an applicant for children or youth work.

I have been a member of First Presbyterian Church Holland since _____

Do you have any health related conditions that may prevent you from performing certain tasks necessary to your assigned position?

Personal References (not related to you)

Name _____

Name _____

Address _____

Address _____

City/Zip _____

City/zip _____

Phone _____

Phone _____

Applicant's Statement

This information contained in this application is correct to the best of my knowledge. I authorize any references of churches listed in this application to give you information that they may have regarding my character and fitness for children and youth work. I understand that this application will be kept strictly confidential.

I agree to be bound by the laws of the First Presbyterian Church Holland and to refrain from any harmful conduct in the performance of my service on behalf of the church.

Applicant's Signature _____

Date _____

Witness _____

Date _____

Back-up person to call

Relationship

Phone #

Medical Insurance Company and Policy Number

Primary Care Physician

Phone Number

Known Allergies

Medical Conditions and Medications

Attachment F
Permission Slip*

Yes, I give permission for _____ to participate in the First Presbyterian Church, Holland _____ (activity) I understand that the church's insurance does not cover accidents that might be incurred while on this trip, and that in such an event, the church will not be held responsible. (in most cases you will be covered by your family's health insurance).

Date _____

Signature (parent/guardian) _____