Episcopal Diocese of North Dakota Application for Ministry with Adults, Children, and/or Youth

[This application is intended as a template and may be adapted for a particular ministry but the adaptations must be consistent for that particular ministry. Be sure to collect all information relevant to that particular ministry.]

Name:		
Address:		
Phone #s: (home)	(work)	(cell)
E-mail Address		
Emergency Contact		
Phone #		
Name and relationship		
Employment History (include	present and prio	r employers for the past ten years –
additional pages as needed)	1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	i y
Company name:		
Position held:		
Name of Supervisor and Phone	#	
Dates of employment: from		to present
Company name:		
Position held:		
Dates of employment: from		to
Company name:		
1 1		
Name of Supervisor and Phone	#	
		to
1 7		
<u>-</u>	•	clude present and past experience fo
past ten years – add additional	pages as needed))

(continued on next page)

Organization:	Duties:
Name of Supervisor and Phone #	
Dates: from_to	
Organization:	Duties:
Name of Supervisor and Phone #	
Dates: from_to	
Organization:	_ Duties:
Name of Supervisor and Phone $\#$	
Dates: from_to	
Special interests, hobbies, and ski	lls:
Which ministries with adults chi	Idren and/or youth are especially appealing to you?
will infinities with addits, cit.	idien and/or youth are especially appearing to you:
What personal qualities, training	ng and/or skills do you have that are relevant or
appropriate for these ministries?	
Why are you interested in these p	particular ministries?
Would you be willing and able to	participate in periodic training sessions? Yes No
Troute you be willing and able to	participate in periodic duffing sessions: 105 110

References: (Please provide three personal references - other than family members - who can identify your strengths and weaknesses and describe your background and ability to relate with adults.)

1. Name
Address
Home/ work/ cell phone #
How does this person know you?
2. Name
Address
Home/ work/ cell phone #s
How does this person know you?
3. Name
Address
Home/ work/ cell phone #s
How does this person know you?

Please answer the following questions; circle your response. (If any of your answers are yes, please attach another page and write a full explanation.)

- Yes No 1. Have you, at any time, been involved in or accused, rightly or wrongly, of sexual abuse, neglect or mistreatment (emotional or physical) of children or youth?
- Yes No 2. Have you, at any time, been involved in or accused, rightly or wrongly of sexual harassment or sexual exploitation?
- Yes No 3. Have you ever been accused or convicted of possession/sales of controlled substances or of driving under the influence of alcohol or drugs?
- Yes No 4. Are you using illegal drugs?
- Yes No 5. Have you ever been arrested or convicted for any criminal act more serious than a traffic violation?
- Yes No 6. Have you ever had a paraphiliac diagnosis (pedophilia, exhibitionism, or voyeurism)?
- Yes No 7. Have you ever been asked to step away from ministry in any setting, paid or volunteer?
- Yes No 8. Is there anything in your past or current life that might be a problem if we found out about it later?

Acknowledgment, Release, and Signature

To the best of my knowledge, the information contained in this application is complete and accurate. I understand that providing false information is grounds for not hiring me or choosing me for a volunteer position or for my discharge if I have already been hired or chosen. I authorize any person or organization, whether or not identified in this application, to provide any information concerning my previous employment, education, credit history, driving record, criminal conviction record, sexual offender registry or other qualifications for my employment or volunteering. I also authorize [congregation] and the Episcopal Diocese of North Dakota to request and receive such information.

If hired or chosen, I agree to be bound by Episcopal Diocese of North Dakota policies and procedures, including but not limited to its Policies for the Protection of Vulnerable Adults and for the Protection of Children and Youth. I understand that these may be changed, withdrawn, added to or interpreted at any time at the Episcopal Diocese of North Dakota's sole discretion and without prior notice to me. I also understand that my employment or volunteering may be terminated, or any offer or acceptance of employment or volunteering withdrawn, at any time, with or without cause, and with or without prior notice at the option of [congregation] and the Episcopal Diocese of North Dakota, or myself.

Nothing contained in this application or in any pre-employment or pre-volunteering communication is intended to or creates a contract between myself and [congregation] and Episcopal Diocese of North Dakota employment, volunteering or the providing of any benefit.

I have read and understand the above provisions.	
Signature	
Print Name	Date
Witness Signature	Date