

TRINITY CHURCH

90 Lariat Loop / Box 2676 Edwards, CO 81632 (970)926-1759

Signature

Our Mission: To love and serve God as we lead people in a growing, personal relationship with Jesus Christ.

Children/Youth Worker Policy

This form is to be completed by all applicants, for any position, who will be responsible for the supervision or custody of minors, and will herein be referred to as "worker." This form is being used to help Vail Baptist Church INC DBA Trinity Church provide a safe and secure environment for those children and youth who participate in our programs and use our facilities. At the same time, we feel a need to protect our workers as well as the church itself.

- 1. Any worker who has been convicted of either sexual or physical abuse should not volunteer service in any church sponsored activity or program for children and youth.
- 2. Any worker who is a survivor of childhood sexual or physical abuse needs the love and acceptance of this church family. We encourage workers who have such a history to discuss their desire to work with infants, children or youth with a member of the pastoral staff prior to engaging in any child-related volunteer service.
- 3. All workers with youth or children are required to be members or regular attendees of Trinity Church for a minimum of three months. Exceptions can be made for certain activities with approval from the supervising pastor.
- 4. Trinity Church requires that a worker is never alone with a single infant, child or youth without another nonrelated work or staff member present.
- All workers should immediately report any behaviors, which seem abusive or inappropriate to the Children's Pastor or Youth Pastor.
 I have read the above and agree to observe the policies as listed.

Date



CHILDREN/YOUTH MINISTRIES SCREENING FORM

Church History and Prior Children's or Youth Work

Name of Church of which	h you are a member:		
List name and address o years:	f other churches you hav	re attended regularly du	ring the past five
NAME		ADDRESS	
List all pervious church w church's name or organi: additional sheet if necess	zation's name, address, t	<i>J</i> ,	·
NAME OF CHURCH	ADDRESS	TYPE OF WORK	DATES
List gifts, callings, trainir youth work:	ng, education, or other fa	actors that have prepare	d you for children or
Personal References			
List two Personal Refere NAME	ADDRESS	PHONE	Relationship
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Applicant's Statement

of the church.

The 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 any information (including opinions) that they may have regarding my character and fitness for children or youth work. In consideration of the receipt and evaluation of this application by Trinity Church, 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 any and all liability for damage of whatever kind or nature which may at any time result to me, my heirs, or family, on account 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.

Should my application be accepted, I agree to be bound by the bylaws and policies of Trinity Church, and to refrain from unscriptural conduct in the performance of my services on behalf

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF, AND I SIGN THIS RELEASE AS MY OWN FREE ACT. I have read and I understand that this a legally binding agreement.

Applicant Signature	Date