

Kids 4 Christ - Staff Application

GENERAL APPLICATION

GENERAL INFORMATION:

FULL NAME (F/M/L)		EMAIL
ADDRESS		
HOME PHONE	CELL PHONE	WORK PHONE

MAY WE CONTACT YOU ON YOUR WORK NUMBER: Y / N

WHY ARE YOU APPLYING TO WORK AT KIDS 4 CHRIST:

BACKGROUND INFORMATION:

EXPLAIN YOUR PERSONAL BELIEFS AND RELATIONSHIP WITH CHRIST:

LIST ANY SKILLS, TALENTS, OR EXPERIENCES THAT WILL MAKE YOU AN ASSET TO KIDS 4 CHRIST:

EDUCATION: HIGH SCHOOL SOME COLLEGE DEGREE: _____

CURRENT EMPLOYMENT (JOB & EMPLOYER): _____

HOW LONG HAVE YOU HAD YOUR CURRENT JOB: _____

LIST YOUR MEMBERSHIPS OR AFFILIATIONS WITH CHURCHES OR CIVIC GROUPS:

HAVE YOU EVER BEEN INVOLVED IN ANY INCIDENTS OF CHILD ABUSE OR DOMESTIC VIOLENCE:

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CHARACTER & SPIRITUAL REFERENCES:
PLEASE DO NOT USE FAMILY MEMBERS

NAME

PHONE

RELATIONSHIP

NAME

PHONE

RELATIONSHIP

NAME

PHONE

RELATIONSHIP

MEDICAL INFORMATION:

LIST & EXPLAIN ANY MEDICAL CONDITIONS WE SHOULD BE AWARE OF:
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DO YOU REQUIRE ANY SPECIAL ACCOMMODATIONS TO PERFORM YOUR JOB: _____

EMERGENCY CONTACTS:

NAME

PHONE

ADDRESS

RELATIONSHIP

NAME

PHONE

ADDRESS

RELATIONSHIP

NAME

PHONE

ADDRESS

RELATIONSHIP

OPTIONAL SECTION FOR DRIVERS:

LICENSE NUMBER: _____ **EXP. DATE:** _____

LICENSE ENDORSEMENTS: CDL P (CDL PASSENGER) S (CDL SCHOOL BUS)

LIST & EXPLAIN ANY MOVING VIOLATIONS ON YOUR DRIVING RECORD DURING THE LAST 3 YEARS:
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APPLICANT SIGNATURE

DATE

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CRIMINAL HISTORY CONSENT FORM

AUTHORIZATION TO RELEASE CRIMINAL INFORMATION:

To Whom it May Concern:

This will authorize any law enforcement agency, judge, custodian, or other person to give to a representative of K4C Ministries / Kids 4 Christ any and all information in their possession regarding any criminal history or record or other information pertaining to me which may be on file with any criminal justice agency, court, or the GCIC/NCIC upon presentation of this authorization or any reproduced copy thereof.

This release is executed with full knowledge and understanding that the information is for the official use of K4C Ministries / Kids 4 Christ. I hereby release the Walker County Sheriff's Department, as the custodian of said records, from any and all liability for damages of any kind, which may at any time result to me, my heirs, family, or associates due to compliance or any attempt to comply with this request.

I am furnishing my social security number on a voluntary basis and understand that the Walker County Sheriff's Department will utilize this number only to facilitate the location of criminal information concerning me in connection with my application to serve at Kids 4 Christ. Should there be any question as to the validity of this release, I may be contacted as indicated below.

APPLICANT SIGNATURE

DATE

PERSONAL INFORMATION:

LAST NAME	FIRST NAME	MIDDLE NAME
ADDRESS		
SEX	RACE	DATE OF BIRTH
SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER & STATE	

WORK AGREEMENT & GENERAL RELEASE

By signing this form, I, the undersigned, agree to the following statements:

- 1) During my service at Kids 4 Christ / K4C Ministries (K4C) I agree to follow all organizational policies, including policies regarding discipline, calling out, and other rules as detailed in the K4C Staff Guidebook. I have been provided with a guidebook and will make every effort to read, understand, and follow its policies and procedures. I understand that if I fail to follow organizational policies I may not be covered by liability insurance in the event of an accident or other incident leading to legal claims against K4C or against me as part of my service there.
- 2) I release and waive from liability and responsibility whatsoever K4C Ministries / Kids 4 Christ, its employees, staff, agents, and other volunteers from any injury, accidents, or other losses I may incur while working with or for the organization. I promise not to institute or commence any action in law, equity, or civil proceedings for injuries or damages my I may have or sustain while serving at Kids 4 Christ.
- 3) If I sustain an injury while serving at Kids 4 Christ, I give permission for K4C staff to take necessary steps to provide medical treatment and/or transportation to a medical facility. I give permission for medical treatment to be obtained for me as needed until my emergency contact can be reached. I understand that I will be responsible for any transportation charges or medical expenses incurred.
- 4) I give permission for Kids 4 Christ to use photographs, videos, audio, quotes, or other recordings of myself for the purposes of public relations and fundraising. I understand that these recordings may also be transferred to associated parties or outside media organizations as needed for the promotion of Kids 4 Christ and its activities. I grant the same usage rights in regards to any artwork, writings, or other work I produce during activities at Kids 4 Christ.
- 5) I certify that all information I have provided in regards to my application for service at Kids 4 Christ is accurate and complete, to the best of my knowledge. I agree to update my information as it changes, and understand that Kids 4 Christ cannot be held liable for any information I have neglected to provide or update.

APPLICANT SIGNATURE

DATE

GUIDEBOOK VERSION