



Cru Inner City
Agape Community Center
 342 W 111th St, Chicago, IL 60628 ** (773) 821-7060

EMPLOYMENT APPLICATION

Name: _____ Date of Birth ____/____/____

Street address: _____

City: _____ State: _____ Zip: _____ How long at current address: _____

Phone: Home (____) _____ Cell (____) _____ Work (____) _____

Email: _____

1. Have you ever previously volunteered or worked with Cru Inner City? Yes No

If yes, in what ministry? Dates: _____ Ministry: _____

2. What is it that interests you about working with Cru Inner City?

3. What special talents or training do you have?

4. Describe your interests and hobbies?

5. Please list your volunteer experiences with other churches or ministries (use separate sheet if needed.)

Church/Organization	Duties	Dates	Contact	Phone

6. Have you made a decision to trust Jesus as your personal Savior? _____ If so, when? _____

7. Give a brief testimony about your personal walk with the Lord.

8. What church do you currently attend? _____
Address & Phone Number: _____
Are you a member? Yes No How often do you attend services? _____ times a month

9. What other churches have you attended in the last 3 years? (Please list Name/Address/Phone)

10. Do you have any health concerns that might interfere with working with Cru Inner City?
 Yes No If yes, please explain.

11. Would you like to meet with the City Director regarding any of these issues? Yes No

References

12. Please provide the information for three people who have known you for a minimum of 2 years. The Cru staff will **mail** these individuals a reference form (and/or call them for an interview). Your application for volunteering at the Agape Community Center cannot be processed without the completion of these three reference forms, so please make sure the contact information that you provide is accurate.

A. **(Personal / Church Reference)** Name _____
How long have you known this person? _____
Address: _____
City _____ State _____ Zip _____
Daytime Phone _____
Email (if available) _____

B. **(Professional / Civic Reference)** Name _____
How long have you known this person? _____
Address: _____
City _____ State _____ Zip _____
Daytime Phone _____
Email (if available) _____

C. **(Family Member Reference)** Name _____
How long have you known this person? _____

Address: _____

City _____ State _____ Zip _____

Daytime Phone _____

Email (if available) _____

Liability Acknowledgment and Waiver Form

I, _____, being over eighteen years of age, do hereby wish to participate in the activities with Cru Inner City located at 342 West 111th Street, Chicago, Illinois.

ACKNOWLEDGMENT: I hereby understand and acknowledge that this is an activity that incorporates discipline and supervision during participation. I additionally understand and acknowledge that the instructors are mature and intelligent, and will use wisdom and caution to minimize the possibility of accidental injury. However, because of the type of activity involved, I also understand and acknowledge that the prospect of bodily injury while participating in the activities at Cru Inner City is a possibility even under the most stringent and safest conditions.

WAIVER: Having understood and acknowledged the above, I hereby waive any and all of my rights pertaining to any and all liability for injuries that are a proximate result of participation in the said activities, that are not against public policy, in relation to Cru Inner City or Campus Crusade for Christ, International, in which it is a part of.

Applicant Signature: _____

Date: ____/____/____

Supplement for Positions in Children’s and Youth Ministry (Part 1)

1. What is it about working with children or youth that interests you? _____

2. Describe a time that you have had to deal with a child or youth having behavior problems. How did you handle the situation? _____

3. The Agape Community Center does not allow the use of physical punishment such as spanking. Would it be difficult for you to follow this policy? Please explain. _____

4. Describe types of children or situations involving children you would not feel comfortable having in your group. _____

5. Describe your philosophy for how best to minister to children and youth. _____

6. You are leading a group activity which requires participants to hold hands. One of the youth in your group says that he does not like to hold hands and refuses to participate. How would you respond? _____

7. Is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, or care of children or youth? Yes No

If yes, please explain. _____

Cru Inner City appreciates your willingness to share your gifts and talents. Sharing these gifts with each other is a testament to Christ's love for us. Providing safe and secure programs for all the clients of Cru Inner City glorifies Christ and guides others to Him. The information gathered in this application is designed to help us provide the highest quality programming for our members, youth, and volunteers. Please initial each of the statements below.

- I declare that all statements contained in this application are true and that any misrepresentation or omission is cause for rejection of my application, or dismissal from my ministry involvement.
- I understand that my references will be contacted and that a criminal background check will be conducted. I authorize investigations of all statements contained in the application.
- I understand that I must be interviewed and recommended by a staff of Cru Inner City before I begin my ministry.
- I agree to observe all of Cru Inner City's guidelines and policies for the program in which I am applying. I am willing to be trained, supervised, and reviewed by the Ministry Director. I understand that I will be considered as important as a staff member, and will be expected to assume responsibilities as directed by the Ministry Director, including attendance of training sessions when needed. I accept this as a commitment to Christ and His church.
- I understand that I can withdraw from the application process at any time.
- I understand that Cru Inner City has a *ZERO TOLERANCE FOR ABUSE* and takes all allegations of abuse seriously. I further understand that the Agape Community Center cooperates fully with the authorities to investigate all cases of alleged abuse. Abuse of clients is grounds for immediate dismissal and possible criminal charges.
- I declare that I am not a pedophile or child molester and that I have not perpetrated physical abuse, sexual abuse, emotional abuse, or neglect against a child or an adult and that I have never been accused of these acts.
- I understand and agree that false statements and/or omissions regarding past conduct and/or present situation may be grounds for denial of the application to provide volunteer services and that refusal to inform Cru Inner City of the contents of a sealed criminal record will result in the automatic denial of the application.
- My signature indicates that I have read and understand the above.

Applicant Signature: _____ **Date:** ____/____/____

I have reviewed this application and have noted any missing information.

Screening Committee Member Signature: _____ **Date:** ____/____/____