

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:				_
Have you ever previously volution If yes, in what ministry?			,	
2. What is it that interests you a	about working with	n Cru Inner Cit	y? 	
3. What special talents or traini	ng do you have?			
1. Describe your interests and h	nobbies?			
5. Please list your volunteer exp	periences with othe	er churches or	ministries (use separate	sheet if needed.)
Church/Organization	Duties	Dates	Contact	Phone
5. Have you made a decision to	trust Jesus as your	personal Sav	ior? If so, whe	n?
7. Give a brief testimony about				
				

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.	Have you ever been convicted of a criminal offense? ☐ Yes ☐ No If yes, please attach a written explanation.						
11.	Have you ever engaged in or been accused or convicted of child abuse, indecency with a child, or injury to a child? ☐ Yes ☐ No If yes, please attach a written explanation.						
12.	Have you been treated for any nervous or mental illness? ☐ Yes ☐ No If yes, please attach a written explanation.						
13.	Have you ever gone through any treatment for drug or alcohol abuse? ☐ Yes ☐ No If yes, please attach a written explanation.						
14.	Are you in good health? ☐ Yes ☐ No If no, please explain.						
15.	Do you have any special health considerations that we should know about? ☐ Yes ☐ No If yes, please explain.						
16.	Would you like to meet with the City Director regarding any of these issues? ☐ Yes ☐ No						
	Please provide the information for three people who have known you for a minimum of <u>2 years</u> . The Cru staff will <u>mail</u> 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)						

В.	(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 A	cknowledgment and Waiver Form			
	, bein munity Center located at 342 West 111tl			ipate in the activities at the
ACKNOWLE during parti and caution acknowledg	EDGMENT: I hereby understand and a cipation. I additionally understand and a to minimize the possibility of accidental se that the prospect of bodily injury while the most stringent and safest conditions	cknowledge that this is an acknowledge that the ins I injury. However, because e participating in the acti	n activity that incorporates d structors are mature and inte se of the type of activity invo	elligent, and will use wisdom olved, I also understand and
for injuries t	Having understood and acknowledged t that are a proximate result of participati munity Center or Campus Crusade for Ch	on in the said activities, t	hat are not against public po	
	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.
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Screening Committee Member Signature: ______ Date: ____/____