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S.A.Y. Yes!<sup>®</sup> Centers for Youth Development  
**PERSONNEL APPLICATION**

Name of Applicant: Mr./Mrs./Ms. \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Permanent Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-MAIL \_\_\_\_\_

Marital Status: \_\_\_\_\_ Name of Spouse: \_\_\_\_\_ # of Children: \_\_\_\_\_ Ages: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

List previous or current volunteer work. What was/is your role?

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Why do you want to be involved at the above named S.A.Y. Yes!<sup>®</sup> Center?

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What would you most like to assist with at our S.A.Y. Yes!<sup>®</sup> Center?

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What special talents or training do you have? (i.e. music, athletics, sign language)

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What ministry experience and training have you had with children, youth, or adults? (We will train you, this question is to help us know what type of training needs to be provided.)

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Place a check by the following words that describe you.

- |                                      |                                    |  |  |
|--------------------------------------|------------------------------------|--|--|
| <input type="checkbox"/> Team Player | <input type="checkbox"/> Thorough  | <input type="checkbox"/> Leader        | <input type="checkbox"/> Teachable     |
| <input type="checkbox"/> Reliable    | <input type="checkbox"/> Honest    | <input type="checkbox"/> Compassionate | <input type="checkbox"/> Balanced      |
| <input type="checkbox"/> Humble      | <input type="checkbox"/> Flexible  | <input type="checkbox"/> Servant       | <input type="checkbox"/> Intelligent   |
| <input type="checkbox"/> Sensitive   | <input type="checkbox"/> Patient   | <input type="checkbox"/> Even Tempered | <input type="checkbox"/> Self Starter  |
| <input type="checkbox"/> Spiritual   | <input type="checkbox"/> Energetic | <input type="checkbox"/> Laid Back     | <input type="checkbox"/> Committed     |
| <input type="checkbox"/> Risk Taker  | <input type="checkbox"/> Faithful  | <input type="checkbox"/> Friendly      | <input type="checkbox"/> Strong Willed |

Have you accepted Jesus Christ as your personal Savior?  yes  no

If yes, when and how did you become a Christian? What changes have you seen in your life?

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Name of Applicant: \_\_\_\_\_

**BACKGROUND INFORMATION**

Church you currently attend \_\_\_\_\_  
(Name of church) (Denomination)

How often do you attend services? less than once 1 2 3 4 5 6 7 or more times a month.

Have you at any time been accused, rightly or wrongly, of child abuse, sexual molestation, or neglect?  yes  no  
If yes, please explain.

\_\_\_\_\_

Have you been arrested or convicted for anything more serious than a traffic violation?  yes  no  
If yes, please explain.

\_\_\_\_\_

Have you ever been treated for any nervous or mental illness?  yes  no  
If yes, please explain.

\_\_\_\_\_

Have you ever gone through any treatment for drug or alcohol abuse?  yes  no  
If yes, please explain.

\_\_\_\_\_

Are you currently using any illegal drugs?  yes  no

**PERSONAL REFERENCES**

(List persons not related to you whom you have known for 3 years, one of whom is your pastor)

Name	Address	Phone	Years Known
1.			
2.			
3.			

**Please sign below if you agree with the following:** "I am willing to be trained, supervised, and reviewed by the S.A.Y. Yes!® 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 S.A.Y. Yes! Director, including attendance at training sessions when needed. I accept this as a commitment to Christ and His church. I also give my authorization to this S.A.Y. Yes! Center or its representatives to verify the information on this form. I verify that the information on this volunteer application is true."

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

**HEALTH HISTORY**

Are you in good health?  yes  no If no, please explain. \_\_\_\_\_

Do you have any special health considerations that we should know about?  yes  no

If yes, please explain. \_\_\_\_\_

**LIABILITY ACKNOWLEDGMENT AND PERMISSION FORM (Adults)**

I, \_\_\_\_\_, being over eighteen years of age, do hereby wish to participate in the activities at the aforementioned S.A.Y. Yes!® Center.

**ACKNOWLEDGMENT**

I hereby understand and acknowledge that there will be activities that incorporate 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 the aforementioned S.A.Y. Yes!® Center is a possibility even under the most stringent and safe 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 the aforementioned S.A.Y. Yes!® Center.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_