

CHURCH ACTIVITY

Name of church of which you are currently a member: _____

Name and address of other churches you have attended regularly during the past five years.

Name : _____

Address: _____

List previous church work involving child, youth, or developmentally disabled adult dependents persons (identify church and type of work) :

List any gifts, callings, training, education, or other factors that have prepared you for working with children, youth, and/or developmentally disabled adult dependent persons :

Personal References: (Persons familiar with your children/youth experience. These two person need to be those who you will ask to fill out your reference forms included in certification.)

1. Pastor (D.S. for Pastor Applicant)

Name: _____

Address: _____

Phone: _____

2. Other

Name: _____

Address: _____

Phone: _____

Applicant's Statement

The information 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 work with children, youth, and developmentally disabled adult dependent persons. I release all such references from any liability for furnishing such evaluations to you, provided they do so in good faith without malice. I waive any right I may have to inspect references provided on my behalf.

Should my application be accepted, I agree to be bound by the policies of the Nebraska Conference of the United Methodist Church, and to refrain from unscriptural conduct in the performance of my services on behalf of the church.

Applicant Signature: _____

Date: _____