

**APPENDIX I CHILD/YOUTH PROTECTION WORKER APPLICATION**

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Current Job Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Previous Experience with Children/youth: \_\_\_\_\_  
\_\_\_\_\_

Special Interests, Hobbies, Skills: \_\_\_\_\_

Availability to Work? (Check One or More)  
Days: \_\_\_\_\_ Evenings: \_\_\_\_\_ Weekends: \_\_\_\_\_

Can You Make a One-Year Commitment? Yes or No

Do You Have Your Own Transportation? Yes or No

Do You Have a Valid Driver's License? Yes or No; If Yes Please Provide Your License Number:  
\_\_\_\_\_

Initial here that we have your permission to check and obtain a report of your driving record and to share that information with those persons who will act on this Application?  
\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Initials \_\_\_\_\_ Date initialed: \_\_\_\_\_

Why Do You Want To Work With Children/Youth? \_\_\_\_\_  
\_\_\_\_\_

What Gifts, Education, Training, or Interests Do You Have That Would Help You Work With Children/Youth?

What are your views on appropriate ways to discipline?

Have you ever been charged with, convicted of, or plead guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, or other crimes of violence, theft or serious motor vehicle violations)? Yes or No

If "Yes" explain:  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had to deal with a child abuse situation in any way, including being abused, being accused of abuse, knowing someone who was abused, etc.? Yes or No

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

If Yes, what was your role: \_\_\_\_\_

\_\_\_\_\_

References: Please list three personal references (i.e., people who are not related to you by blood or marriage) and provide a complete address and phone number for each.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Do we have your permission to contact these references as well as anyone else in order to obtain information about you for the purpose of considering you for a position of one who would work with children and / or youth?  Yes  No

Do we have your permission to share this information with those persons who will participate in acting on this Application?  Yes  No

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

\_\_\_\_\_  
Signature of Applicant