

Sample Youth Worker Information Sheet

Ukrainian Orthodox Church (Insert name of your parish and address)
Chaperone Information Sheet
SAMPLE

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Cell Phone _____

Email Address _____

Emergency Contact and Phone Number

Are you a member of this parish? Yes No
If no, whom do you know at this parish?

Are you an Orthodox Christian? Yes No
If no, what is your religious background?

Do you have any food or medicinal allergies? Yes No
If yes, please list.

Previous employers (within last five years):

Employer: _____	Dates employed: _____
Employer: _____	Dates employed: _____
Employer: _____	Dates employed: _____
Employer: _____	Dates employed: _____
Employer: _____	Dates employed: _____
Employer: _____	Dates employed: _____

Is there any reason you should NOT work with or around children or youth? _____

Have you ever been the subject of a child abuse investigation? _____

If yes, please provide details:

Have you ever been convicted of or pleaded guilty to a criminal offense? _____ If yes, please provide details: _____

Please list your education background: Name Graduate? Year Degree or course of study

High School: _____
College: _____
Other: _____

Child/Youth

3 Please provide the following information:
List other churches with which you have been affiliated:

Have you ever worked with youth or children? _____
List where: _____

Please list two references (must be of a business or organizational nature): Name: _____ Phone: _____ Address: _____
_____ Years known each other: _____ Name: _____
_____ Phone: _____ Address: _____
_____ Years known each other: _____

I hereby give permission to make a thorough investigation of my past employment, education, and background, and release from liability all persons, companies, or corporations supplying such information. I also release the church from any liability that might result from making such an investigation. I understand that any false statements or implications made by me on this application or other required documentation shall be considered sufficient cause for denial of employment or discharge.

Signature: _____ Date: _____

INSURANCE INFORMATION

Name of Insurance Company: _____

Issued under the name: _____

Policy number/s: _____

Date of policy: _____

For Chaperones who may be driving youth to events

What is the make and model of your car?

What is the name of your car insurance carrier?

The information provided on this form is correct and complete to the best of my knowledge. In the event of an emergency, I hereby give permission to the physician and/or hospital, which is selected by the youth minister to hospitalize, secure proper medical treatment for and to order injections, anesthesia, and/or surgery for myself. I will assume all financial responsibilities if hospitalization and/or medical treatment is required.

Signature _____ **Date** _____

Spiritual Father _____ **Date** _____

The information contained on this form is confidential. Only the authorized members of the parish will have access to this form.