



Florida Sunrise Chrysalis
PO Box 731043
Ormond Beach, Florida 32173

Florida Sunrise Chrysalis
BACKGROUND INVESTIGATION CONSENT

I, _____, hereby authorize Florida Sunrise Chrysalis, and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment/volunteering now and, if applicable, during the tenure of my volunteering with Florida Sunrise Chrysalis.

I release Florida Sunrise Chrysalis and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information contained herein is true and correct to the best of my knowledge:

Applicant/Employee Name and Signature

Date

Social Security Number *

Date of Birth *

*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment/volunteering. Florida Sunrise Chrysalis is an Equal Opportunity Employer, and does not discriminate on the basis of Sex, Race, Religion, Age (40 and over), Handicap or National Origin.

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: _____

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

Background Information

Do you regularly attend weekend services? _____

Do you regularly attend mid week service? _____

Have you accepted Jesus Christ as your Lord and Savior and are you committed to having the character of Jesus live through you?

Have you been baptized? As an infant, child or adult? _____

Spiritual Journey

Whether we are devoted Christian believers, uncertain about God or somewhere in between, we are all on a Spiritual Journey. Please take a few minutes to describe how and when you decided to trust Christ alone for your Salvation OR where you are with your belief in God today.