

Willow Creek Community Church

Confidential Protection Application

For Ongoing Serving Opportunities

MINISTRY NAME:

PROTECTION LEVEL REQUESTED:

Instructions:

This application may be filled out in 2 ways: by tabbing from field to field then printing OR by printing first and then completing manually. Either method requires a signature. Mailing instructions are found at the end of the document.

Purpose: To enable ministries to carry out their missions while protecting children, students, adults and leaders.

Values of the Program:

- 1 Protect minors and vulnerable adults
- 2 Protect volunteers and staff
- 3 Protect the Ministries
- 4 Protect the Church

Explanation

This application will be asking some very personal and private questions. It is our intention to find out more about the people that we are entrusting with minors (*under age 18*) and vulnerable adults (*i.e. Disabled adult, nursing home resident, etc.*). The information contained in this application will be treated with the utmost of confidentiality and respect. Our Elders have mandated strict criteria for the treatment and storage of Confidential Documents. At all times, these instruments will be stored under a double locked system (in a locked file cabinet located in a locked office). No one will have access without proper authorization.

The questions contained herein are not designed to offend or to pass judgment, but rather create an environment where a person's past will not hinder the ministry in carrying out their mission in a safe, fun and productive way. If you are a person who must answer affirmatively to any of the questions on the following page, we may contact you for a personal interview. Please be assured that answering affirmatively does not necessarily preclude you from ever serving with youth.

This application is to be completed by all applicants for any position (volunteer or compensated) involving interaction with minors or vulnerable adults. This is **not** an employment application

General Information

Date

Your Name

Address

State

City

Zip

Home Phone ()

Work Phone ()

E-mail

Are you: Single Married Separated Divorced Widowed

If married, how many years?

Spouse's Name

Do you have children? No Yes If yes, how many?

Background Information

- Do you regularly attend weekend services? No Yes, Since
- Do you regularly attend mid week services? No Yes, Since
- Have you accepted Jesus Christ as your Lord and Savior and are you committed to having the character of Jesus live through you? No Yes
- Have you been baptized as an adult? No Yes Soon
- Are you a Participating Member of WCCC? No Yes Soon

I have chosen to work in this Ministry because

I am involved with the following serving groups

I am involved with the following small groups

List previous church work involving youth or vulnerable adults during the past 10 years. Include dates of work, Church's name and location, and work performed.

List previous non-church work involving youth or vulnerable adults during the past 10 years. Include dates of work, organization's name and location, and work performed.

Employment History

Present Employer		
Supervisor		
Address		
City	State	Zip
Position(s) Held		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Employment Dates:	Starting date	Ending date

If you have been employed at this position less than 2 years, provide information on each job during that period.

Previous Employer		
Supervisor		
Address		
City	State	Zip
Position(s) Held		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Employment Dates:	Starting date	Ending date

References

List three people that you know, who meet the following criteria:

- 1) Is over 18 years old,
- 2) Is not related to you,
- 3) Has seen you around minors or vulnerable adults,
- 4) Has known you for more than 1 year,
- 5) Has a definite knowledge of your character.

ONE

Name	Nature of Association
Occupation	Length of Time Known
City and State of Residence	
Home Phone ()	Work Phone ()
Cell Phone ()	E-Mail:

TWO

Name	Nature of Association
Occupation	Length of Time Known
City and State of Residence	
Home Phone ()	Work Phone ()
Cell Phone ()	E-Mail:

THREE

Name	Nature of Association
Occupation	Length of Time Known
City and State of Residence	
Home Phone ()	Work Phone ()
Cell Phone ()	E-Mail:

Previous Address

If you have lived at your current address for less than 7 years, provide information on all addresses during that period.

Address		
City	State	Zip
Dates	-	

Address		
City	State	Zip
Dates	-	

Address		
City	State	Zip
Dates	-	

Personal Situations

Have you ever been concerned that you may have an addiction to drugs, alcohol, pornography or any other addiction; or has anyone ever suggested that you may have a problem with any of the above?

No Yes If yes, explain

Have you ever been arrested, convicted or pleaded guilty to a crime?

No Yes If yes, explain

Have you ever been accused, charged, alleged to have or have you ever committed any act of neglecting, abusing, molesting or battering any child or adult? Or have you had any kind of a relationship with a minor or vulnerable adult that has brought sexual gratification to yourself?

No Yes If yes, explain

Have you ever been treated for a psychiatric disorder?

No Yes If yes, explain

Has there been any abuse in your family background with drugs or alcohol or that was emotional, physical or sexual in nature?

No Yes If yes, what steps have you taken to minimize the impact that those issues will create for you?

Have you ever voluntarily left or been asked to leave a role within an organization due to a concern regarding inappropriate conduct with minors or adults?

No Yes If yes, explain

Is there any circumstance or pattern in your life, which would make it inappropriate for you to serve with minors or vulnerable adults, or would compromise the integrity of Willow Creek Community Church?

No Yes If yes, explain

Spiritual Journey

Whether we are devoted believers or still in the process of investigation, we all have a spiritual history. Please take a few moments to describe your journey thus far.

Applicant's Statement

The information contained in this application is correct to the best of my knowledge. I authorize any references listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for children or youth work. I authorize the release of the information contained in this application, on a confidential, need to know basis, to any Ministry at Willow Creek Community Church in which I seek a position (volunteer or compensated). In consideration of the receipt and evaluation of this application by Willow Creek Community Church, I hereby release any individual, church, youth organization, charity, reference or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature, which may at any time result to me, my heirs or family, on account of compliance or any attempts to comply, with this authorization. To uphold the confidentiality of the references, I waive any right that I may have to inspect any information provided about me by any person or organization, but I may contact Willow Creek Community Church to inquire about information provided about me.

Should my application be accepted, I agree to refrain from unscriptural conduct in the performance of my services on behalf of the Church.

Also, I hereby request and authorize the release of any information which pertains to any record of convictions contained in law enforcement files or in any criminal file maintained on me whether local, state or national. I hereby release local, state and national law enforcement agencies from any and all liability resulting from such disclosure.

I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a legally binding agreement, which I have read and understand.

Print Applicant's Full Legal Name _____

Print Maiden Name or Any Aliases _____

City, State & Country of Birth _____ Date of Birth _____

Applicant's Gender M F Social Security Number (*required*): _____

Applicant's Signature ** _____ Date _____

Parent/Guardian Signature _____ Date _____

(If applicant is a minor)

**** Please print, sign and return in person or via US mail.****

****Do not submit electronically. ****

Willow Creek Church, Attn: (*Your Ministry*), 67 E. Algonquin Rd, Barrington, IL 60010