



PLEASE COMPLETE BOTH SIDES

**YOUTH AND CHILDREN APPLICATION FOR CHRIST DEAF CHURCH**

PLEASE PRINT NEATLY and FILL OUT EACH SECTION THAT APPLIES TO YOU COMPLETELY

**SECTION I – CONTACT INFORMATION**

Full Legal Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Gender: Male / Female (circle)

Email \_\_\_\_\_ Telephone # \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

**SECTION II - REFERENCES**

Please list three personal references (people not related to you by blood or marriage) or anyone supervised or employed by you.

Provide complete address and phone information. References are confidential.

1. Pastor: \_\_\_\_\_ Church \_\_\_\_\_

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

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Telephone # \_\_\_\_\_

*(If volunteer is clergy please list a Trustee or the chair of PPR Committee)*

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Telephone # \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Telephone # \_\_\_\_\_

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**SECTION III - CONFERENCE SEXUAL MISCONDUCT FORM**

1. Have you ever been accused of sexual misconduct with a child or youth?

2. Have you ever been accused of sexual misconduct with an adult?

3. Have you ever been dismissed from any position, volunteer or salaried, because of an accusation of sexual misconduct on your part?

4. Have you ever resigned from any position, volunteer or salaried, because of accusations of sexual misconduct of your part, or to avoid being dismissed because of an accusation of sexual misconduct on your part?

5. If your response to any of the foregoing questions is yes, please provide all details regarding each accusation that has been made with respect to you, including a description of the alleged conduct, the name of the person who made the accusation, the date of the alleged misconduct and the name of your employer at the time of the alleged misconduct. Please use addition paper and attach.

6. Have accusations of sexual misconduct on your part ever resulted in civil or criminal court proceedings at any level (e.g. indictment, arrest, trial, etc.)? If so, please provide the complete details of those proceedings (including dates, circumstances, the jurisdiction where the proceedings occurred, the nature of the accusations, and the result of the proceedings). Have accusations of sexual misconduct against you resulted in civil or criminal court proceedings on more than one occasion? If so, please provide the same details with respect to each proceeding. Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance and care of young people?

I hereby certify that the information provided is accurate and correct to the best of my knowledge. I authorize the Christ UMC of the Deaf to verify the information I have provided by conducting a criminal background check and/or by contacting the references I have listed. I authorize the references listed in this application to give you whatever information they may have regarding my character and fitness to work with children/youth. I understand that all information will be kept confidential and secured. I understand that false answers, as well as the failure to sign this application will result in my being denied the position for which I am applying. This information will be used for the sole purpose of background checks for the continued safety of all our campers and volunteers.

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

Once form is completed please mail to:

**Rev. Leo Yates, Jr.**  
**1040 S. Beechfield Rd.**  
**Baltimore, MD 21229**