

APPENDIX A

**PRESBYTERY OF WEST VIRGINIA
INFORMATION FORM FOR WORKERS WITH
CHILDREN, YOUTH AND PERSONS WITH DISABILITIES**

1. Name (last, first, middle, maiden name)

If you have ever used another name, please indicate the name and the time period(s) used: _____

Current Address: _____

How long have you lived at this address: _____

How long have you lived in West Virginia: _____

Gender: M ___ F ___ Birth date: _____

Home Phone: _____

Place of Employment: _____

Work Phone: _____

2. *(skip number 2 if your position does not include driving)*

Drivers License Number: _____

Have you ever had your driver's license suspended or restricted for any reason? _____ If yes, please describe the dates and reasons for each such occurrence on the back.

3. Please answer the following questions:

Name of church in which you participate _____

How long have you been regularly participating _____

Are you a member? _____ Date you became a member? _____

4. Have you served as a volunteer at any church in the past ten years? If so, please state the name and address of the church, the pastor of the church, the time period(s) of your volunteer work and describe generally the nature of your volunteer work:

5. Have you served as a volunteer for any civic organization in the past ten years? If so, please state the name and address of that organization, the person overseeing the volunteer work the time period(s) of your volunteer work and describe generally the nature of your volunteer work. Please indicate which organizations involved working with children and youth.

6. Have you ever been arrested, charged, indicted or convicted for any criminal offense (misdemeanor or felony) other than a traffic violation? _____ (If yes, please explain on the back.)
7. Have you ever been subject to any disciplinary action, complaint or allegations that you violated any employer's or any organization's policy concerning sexual misconduct? _____ (If yes, please explain on the back.)
8. References: Please list the names, addresses, occupations, and telephone numbers of three people who are not related to you who are familiar with your character and abilities. References will be contacted.

| <u>Name</u> | <u>Address</u> | <u>Occupation</u> | <u>Work Phone</u> | <u>Home Phone</u> |
|-------------|----------------|-------------------|-------------------|-------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

12. I understand and agree that:
 - a. All Information that I have provided may be verified. I agree to release from liability any person or organization that provides information concerning me, including these persons I have listed as references. I understand and agree that any information received will not be disclosed to me, and I hereby waive any right I may have to inspect any information provided about me by any person or organization identified by me on this form.
 - b. By signing this form, I certify and affirm that the information I have given is true, complete, and correct in all respects.
 - c. I have read, understood and agree to abide by the Statement of Policies and Procedures for the Protection of Children, Youth and Persons with Disabilities of the Presbytery of West Virginia.
 - d. [Only applicable to persons eighteen years of age and older] I have completed the release of information form.

Signature: _____ Date: _____

Parent or Guardian's Signature: _____ Date: _____
(If under age eighteen)

This form is confidential and will be kept in a locked file.