

**Mount Olive Evangelical Lutheran Church**  
2830 18<sup>th</sup> Ave. NW  
Rochester, MN 55906

**PAID STAFF APPLICATION**

Screening for Paid Staff Working with Children, Youth, and Vulnerable Adults

Indicate areas in which you are interested:

- Director of Children, Youth, and Family       Webmaster/Administrative Assistant  
 Media and Publications Designer       Director of Missions and Service and Social Outreach

Date: \_\_\_\_\_ Social Security No. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_  
(Please print)

Current address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Please print)

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Length of current employment \_\_\_\_\_ Supervisor: \_\_\_\_\_

List current Work or Volunteer Experiences: \_\_\_\_\_ Reference Name and Contact Information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any training/certification in first aid or CPR?  Yes  No

Date of last certificate issued: \_\_\_\_\_

Have you been or are you currently serving as a paid staff or volunteer worker with children or youth in which you have already undergone and met screening requirements?  Yes  No

If "yes", with whom? \_\_\_\_\_

Valid (**State**) Drivers license and clean driving record?  Yes  No If "yes", license number: \_\_\_\_\_

Have you ever been convicted or pleaded guilty of a criminal offense against a person?  Yes  No If yes, please explain (if you wish to speak with a member of the Mount Olive pastoral staff, please indicate). A "yes" necessitates a criminal records check.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Church History and Prior Experience**

Date of membership at **Mount Olive Evangelical Lutheran Church**: \_\_\_\_\_

If not a member, how long have you been attending? \_\_\_\_\_

If not a member, list other house of worship affiliation: \_\_\_\_\_

Volunteer activities at your current place of worship: \_\_\_\_\_

List or check below all other child care, teaching, or other child/youth work you have been involved in on either a paid or volunteer basis:

- Check areas of experience:  SS teaching  Nursery  Choir  Bells  Youth Program  
 After school programs  Child care  Overnights  Substitute  VBS  Camp  Room parent  
 Weekday helper  SS superintendent  Small groups  
 Other; Explain: \_\_\_\_\_

State the position for which you are applying: \_\_\_\_\_

List the factors that you believe prepares you for the position: \_\_\_\_\_

Please state the day and time you are available: \_\_\_\_\_

Do you have any physical limitations you believe prevent you from doing certain types of activities?  Yes  
 No

If "yes", please explain \_\_\_\_\_

### References

If you have been a member or constituent of **Mount Olive Lutheran Church** for 1 year or less, one of your references should be the senior pastor or associate pastor from the church where you were a member before coming to this community.

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Applicant's Statement**

The information contained in this application is current to the best of my knowledge. I authorize any references or house of worship listed in this application to give you any information, including opinions that they may have regarding my character and fitness for children, youth, or vulnerable adult work. In consideration of the receipt and evaluation of this application by **Mount Olive Evangelical Lutheran Church**, I hereby release any individual, house of worship, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of any 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. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

Should my application be accepted, I agree to be bound by the Bylaws and Policies of **Mount Olive Evangelical Lutheran Church**. I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE, I KNOW AND UNDERSTAND THE CONTENTS OF IT, AND I SIGN THE RELEASE AS MY OWN FREE ACT. I understand that this is a legally binding agreement.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_