

**CHILD/YOUTH WORKER SCREENING FORM**

**Wesley United Methodist Church**

**502 East Front Street**

**Bloomington, IL 61701-5399**

This application is to be completed by all applicants for any volunteer position involving the supervision or custody of minors. It is being used to help the church provide a safe and secure environment for those children and youth who participate in our programs and use our facilities. This is not an application form. Persons seeking a position in the church as a paid employee will be required to complete an employment application in addition to this screening form. This confidential form will be filed at Wesley United Methodist Church for authorized inspection only.

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

Name: \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_  
Street P.O. Box

\_\_\_\_\_ City State Zip

Phone: \_\_\_\_\_  
Daytime Evening

Have you ever been convicted of or plead guilty to a felony? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If yes, please explain)

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

Have you ever been convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please explain)

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

Were you a victim of abuse or molestation as a minor? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If you prefer, you may refuse to answer this question, or you may discuss your answer in confidence with a pastor. Answering yes, or leaving the question unanswered, will not automatically disqualify an applicant.)

Do you have a current driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

Current driver's license number \_\_\_\_\_

Have you been convicted of or plead guilty to a traffic offense in the last 5 years? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If yes, describe all convictions in the last 5 years.)

\_\_\_\_\_

## Church History and Prior Children/Youth Work

Name of church of which you are a member: \_\_\_\_\_

List (name and address/location) other churches you have attended regularly during the past five years

\_\_\_\_\_

List previous church work involving children/youth (list each church's name and address, type of work performed, and dates) \_\_\_\_\_

\_\_\_\_\_

List all previous non-church work involving youth (list each organization's name and address, type of work performed, and dates) \_\_\_\_\_

\_\_\_\_\_

List any gifts, callings, training, education, or other factors that have prepared you for children or youth work: \_\_\_\_\_

\_\_\_\_\_

References: Please list two personal references (people who are not related to you by blood or marriage) and provide a complete address and phone number for each. References are confidential.

1. Name: \_\_\_\_\_

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

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

*Daytime*

*Evening*

Relationship to Reference: \_\_\_\_\_

2. Name: \_\_\_\_\_

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

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

*Daytime*

*Evening*

Relationship to Reference: \_\_\_\_\_

The information in this application is correct to the best of my knowledge. I authorize any references or church listed in this application to give you any information (*including opinions*) that they may have regarding my character and fitness for children/youth work. I release all such references from any liability for furnishing such evaluation to you, provided they do so in good faith and without malice. I waive any right that I may have to inspect references provided on my behalf.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

Illinois Department of Children and Family Services

**AUTHORIZATION FOR BACKGROUND CHECK**  
Child Abuse and Neglect Tracking System (CANTS)

For Programs NOT Licensed by DCFS

NOTE: Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility. Please contact your licensing representative.

Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Gender (circle): Male Female Race: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street/Apt #  
City State Zip Code

List all addresses at which you have resided in the past five years:

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

List maiden name and/or all other names by which you have been known: (last, first, middle)

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

I hereby authorize the Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking system (CANTS) to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.

Mail this request to:  
Department of Children and Family Services  
406 E. Monroe - Station #30  
Springfield, IL 62701

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please type, use bold letters or label:

Wesley United Methodist Church  
Kathi Pritts  
502 East Front Street  
Bloomington, IL 61701

(Agency Name)  
(Contact Person)  
(Address)  
(City/State/Zip)



