

## Clergy "YES" Application Form for Emmaus/Chrysalis

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ M /F (circle 1)

Denomination \_\_\_\_\_ Church \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-Mail: \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Original Walk # & Place: \_\_\_\_\_ If Not Emmaus, Which 72 Hour W/E? \_\_\_\_\_

North Indiana Emmaus Community/North Indiana Chrysalis  
Screening form

This form is to be completed by all applicants for any volunteer position involving the supervision, custody or care of minors or handicapped. It is not an employment application. This form is used to help the North Indiana Emmaus Community/North Indiana Chrysalis provide a safe and secure environment for those who participate in North Indiana Emmaus Community and North Indiana Chrysalis programs. **This form is to be accompanied by the YES servant application.** NOTE: Information provided will be used only for the purpose of the North Indiana Emmaus Community/North Indiana Chrysalis

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
(first) (middle) (last)

DATE OF BIRTH: \_\_\_\_\_ GENDER: \_\_\_\_\_

RACE: \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_  
(street address)

\_\_\_\_\_  
(city) (state) (zip)

LENGTH OF TIME AT PRESENT ADDRESS: \_\_\_\_\_

Less than one year, please provide prior address \_\_\_\_\_

HOME PHONE: ( ) \_\_\_\_\_ WORK PHONE: ( ) \_\_\_\_\_

Have you ever been convicted or pleaded guilty to a crime or sexual abuse?

YES \_\_\_\_\_ NO \_\_\_\_\_ (If yes, please explain - attach separate page, if necessary)

Is there any fact or circumstance involving your background that would call into question your being entrusted with the supervision or working with a minor on a team?

YES \_\_\_\_\_ NO \_\_\_\_\_ (If yes, please explain - attach separate page, if necessary)

Are you willing to permit a police background check? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please sign release.

APPLICANT'S STATEMENT OF OWNERSHIP, VERIFICATION and RELEASE

The information contained in this application is true and correct to the best of my knowledge. I authorize any references or churches listed in this application or my Yes Application to give you any information that they may have regarding my character and fitness to work for and with minors. I further agree and understand that this screening will include verification against the Sexual Offender Registry and could include a criminal history background check.

Should my application be accepted, I agree to be bound by the Child Protection Guidelines and Procedures of the North Indiana Emmaus Community/Chrysalis, which I understand will be provided at the first team meeting. If training is not provided at the first meeting, I agree to bring it to the attention of the weekend Lay Director that I have not been trained in the policies.

I understand that this application form and all parts of this file are to be kept in confidence and are the sole property of the North Indiana Emmaus Community/Chrysalis and are not available for my review.

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

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT'S STATEMENT IF APPLICANT IS A MINOR (under 18 years of age)

If the applicant is a minor, a parent or guardian is required to also sign and affirm that the minor has not engaged in illegal activities.

To my knowledge, \_\_\_\_\_ has not engaged in any illegal activity or child  
(full name of applicant)

abuse of any kind and I know of no reason why he or she should not be involved with the North Indiana Emmaus Community/Chrysalis or North Indiana Chrysalis Big House programs and activities. I understand that this application form and all parts of the file including the Yes Servant application are to be kept in confidence and are the sole property of North Indiana Emmaus Community/North Indiana Chrysalis and are not available for my review.

PARENT or GUARDIAN: \_\_\_\_\_

DATE: \_\_\_\_\_

Mail to:  
Deb Miteff  
4700 Vance Ave.  
Fort Wayne, IN 46815

NOTE: To be accepted as a team member, you must also complete and submit in writing the screening application form. The screening application maybe downloaded but the original with original signature must be on file, which can be downloaded, printed, signed and mailed.

Sexual Offender registry checked: \_\_\_\_\_  
(Registrar Use only)