



155 VROOM STREET | JERSEY CITY, NJ 07306

S.A.Y. Yes! Centers for Youth Development
PERSONNEL APPLICATION

Name of Applicant: Mr./Mrs./Ms.
Current Address
Permanent Address
Phone: ( ) E-MAIL
Marital Status: Name of Spouse: # of Children: Ages:
Occupation: Work Phone ( )

List previous or current volunteer work. What was/is your role?

Why do you want to be involved at Kidz Connected After School?

What would you most like to assist with at our program?

What special talents or training do you have (i.e. music, athletics, sign language)

What ministry experience and training have you had with children, youth, or adults? (We will train you, this question is to help us know what type of training needs to be provided.)

Place a check by the following words that best describe you.

- Team Player, Reliable, Humble, Sensitive, Spiritual, Risk Taker, Thorough, Honest, Flexible, Patient, Energetic, Faithful, Leader, Compassionate, Servant, Even-Tempered, Laid Back, Friendly, Teachable, Balanced, Intelligent, Self-Starter, Committed, Strong-willed

RELIGIOUS BACKGROUND

Have you committed your life to Jesus Christ? yes no
If yes, how did you become a Christian? If no, briefly describe your religious background.

Name of Applicant \_\_\_\_\_

Church you currently attend \_\_\_\_\_  
(Name of Church) (Denomination)

How often do you attend services? Less than once 1 2 3 4 5 6 7 more times a month.

**PERSONAL BACKGROUND**

Have you at any time been accused, rightly or wrongly, of child abuse, sexual molestation, or neglect? \_\_\_yes \_\_\_no  
If yes, please explain.

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

Have you been arrested or convicted for anything more serious than a traffic violation? \_\_\_yes \_\_\_no  
If yes, please explain.

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

Have you ever been treated for any nervous or mental illness? \_\_\_yes \_\_\_no  
If yes, please explain.

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

Have you ever gone through any treatment for drug or alcohol abuse? \_\_\_yes \_\_\_no  
If yes, please explain.

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

Are you currently using any illegal drugs? \_\_\_yes \_\_\_no

**PERSONAL REFERENCES** (List persons not related to you whom you have known for 3 years, one of whom is your pastor/clergy)

Name	Address	Phone	Years Known
1.			
2.			
3.			

**Please sign below if you agree with the following:** "I am willing to be trained, supervised, and reviewed by the Kidz Connected Coordinator. I understand that I will be considered as important as a staff member, and will be expected to assume responsibilities as directed by the Kidz Connected Coordinator, including attendance at training sessions when needed. I accept this as a commitment to the church. I also give my authorization to this S.A.Y. Yes! Center or its representatives to verify the information on this form. I verify that the information on this volunteer application is true."

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

Name of Applicant \_\_\_\_\_

**HEALTH HISTORY**

Are you in good health? \_\_\_yes \_\_\_no

If no, please explain. \_\_\_\_\_  
\_\_\_\_\_

Do you have any special health considerations that we should know about? \_\_\_yes \_\_\_no

If yes, please explain. \_\_\_\_\_

**LIABILITY ACKNOWLEDGEMENT AND PERMISSION FORM (Adults)**

I, \_\_\_\_\_, being over eighteen years of age, do hereby wish to participate in the activities at the aforementioned S.A.Y. Yes! Center.

**ACKNOWLEDGMENT**

I hereby understand and acknowledge that there will be activities that incorporate discipline and supervision during participation. I additionally understand and acknowledge that the instructors are mature and intelligent and will use wisdom and caution to minimize the possibility of accidental injury. However, because of the type of activity involved, I also understand and acknowledge that the prospect of bodily injury while participating in the activities at the aforementioned S.A.Y. Yes! Center is a possibility even under the most stringent and safe conditions.

**WAIVER**

Having understood and acknowledged the above, I hereby waive any and all of my rights pertaining to any and all liability for injuries that are a proximate result of participation in the said activities that are not against public policy, in relation to the aforementioned S.A.Y. Yes! Center.

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