

**New Life Community Development**  
**Booster After-school Program Employment Application**  
(Please send this and your resume to [afterschool@newlifecdc.us](mailto:afterschool@newlifecdc.us))

General Information

Name: \_\_\_\_\_ Today's date: \_\_\_\_\_

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

Date of birth: \_\_\_\_\_ daytime Phone #: \_\_\_\_\_

Marital Status:      single      married      divorced      remarried

Number of kids and their ages: \_\_\_\_\_

Work Status

Occupation or Area of Study (if student): \_\_\_\_\_

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

Work Status:      part time      full time      student

Education

High School: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

College/Vocational School: \_\_\_\_\_ Year graduated: \_\_\_\_\_

Degree? \_\_\_\_\_ Minor? \_\_\_\_\_

Other Education: \_\_\_\_\_

Church Information

How did you hear about New Life? \_\_\_\_\_



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In caring for youth, we believe it is our responsibility to seek an adult staff that is able to provide healthy, safe, and nurturing relationships. Please answer the follow questions with this in mind. Any special concerns can be discussed individually with the pastoral staff. Please be honest.

Are you using illegal drugs?  yes  no

Have you ever been convicted of any form of child abuse or improper conduct with a minor?

yes  no

If yes, please describe.

Have you ever been arrested?  yes  no

If yes, please describe.

Have you ever had any sexual relations with any minor after you became an adult?

yes  no

Are there any life controlling issues we should be aware of before you begin working with our youth?

Are you willing to undergo a criminal background check and/or be fingerprinted for State Criminal Conviction Clearing?

yes  no

### Experience with students:

Please list the dates and activities of other experiences with young students you have had and the reason for ending your involvement.

<u>Date started</u>	<u>Activity</u>	<u>Date Ended</u>	<u>Reason</u>
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Please provide 3 individuals to serve as references; if possible, choose one reference who is a member in good standing and/or a person involved in leadership at New Life Fellowship or with New Life Community Development.

Name	Email address	Phone	Relationship w/ this person
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1.

2.

3.

What questions or concerns are you holding about our program

I have read and completed this Volunteer Application honestly to the best of my knowledge. I understand that this application is the beginning of a process to explore volunteering with the youth ministry. I also understand that the personal information contained will be held with the utmost discretion by the pastoral staff. I will set up a time to meet with the Youth Director to discuss my involvement with the youth ministry.

Signature: \_\_\_\_\_

Today's date: \_\_\_\_\_