

# CYL and ABBA's Application for Adult or Youth Leadership Role

(Please circle one of the above)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_  
E-Mail address \_\_\_\_\_ Sex M / F

Please explain the following as necessary, please **use the back of paper as needed**

Position Sought (What role I really want to fill or what is your vision of this role) -

Experience for this Position -

Personal Testimony -

Experience working with youth -

Current Memberships (community, leadership, church, youth groups, ect).-

Special Talents or Skills -

**Please list at least two character references** as they relate to your work with youth (Scouts, Church, School ect.)

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Your Pastor's Name \_\_\_\_\_ Church \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Additional Information (please circle an answer)

Yes No 1. Do you attend a place of worship on a regular basis ?

Yes No 2. Do you use illegal drugs ?

Yes No 3. Have you ever been convicted of a criminal offense ? If yes, please explain

Yes No 4. Have you ever been charged with child neglect or abuse ?

Yes No 5. Have you ever had your driver's license revoked or suspended ? If yes, please explain

Yes No 6. Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision of young people ? If yes, please explain

## **I understand that :**

The information that I have provided may be verified, if necessary, by contacting persons or organizations named in this application, by contacting any person or organization that may have information concerning me, or by conducting a criminal background check. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless this organization, ABBA's, Christian Youth Leaders Inc. and the officers, Board of Directors, Employees and volunteers thereof.

In signing this application I agree to comply with CYL and ABBA's Bylaws and the rules and regulations of CYL and ABBA's. I affirm that the information I have given on this form is true and correct.

**Signature of Applicant** \_\_\_\_\_ Date \_\_\_\_\_

Submitted by \_\_\_\_\_ Date \_\_\_\_\_

Pastor Contacted on Date \_\_\_\_\_ Comments \_\_\_\_\_

Disposition - Approved/Disapproved Date \_\_\_\_\_

Signature of Executive Board Member \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

This application can be reviewed by the full Executive Committee to determine final disposition

Original to files  
Copies to Secretary and President

App Form 2001 Rev A