

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