

Faith Lutheran Church
4150 Goodlette Road North
Naples, FL 34103
(239) 434-5811

Adult / Parent Chaperone Application

Thank you for taking time to share with us about you. We want you to know that the following information will be confidential and only shared with appropriate pastoral staff that we deem necessary.

GENERAL INFORMATION

Name: _____ Date: _____
Address: _____
DOB: _____ Phone: _____ Work: _____
Email: _____
Daytime Contact: _____
Occupation: _____ Employer: _____
Work Status: Part Time: _____ Full Time: _____ Student: _____
Marital Status: Single: _____ Married: _____ Divorced: _____

What trip are you available to chaperone?

Middle School Retreat – Leesburg, FL Nov. 2-4, 2007 _____

Youth Retreat – Cocoa Beach, FL April 2008 _____

Church Youth Activities _____

The information contained in this application is correct to the best of my knowledge. I, undersigned, give my authorization to Faith Lutheran Church or its representatives to release any and all records or information relating to working with minors. The church may contact my references and appropriate government agencies as deemed necessary in order to verify my suitability as a youth worker.

I understand that the personal information will be held confidential by the professional church staff.

Signature _____ Date: _____

Please return all forms to the church office.

LEGAL/LIFESTYLE CONCERNS

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

Are there any special issues or concerns happening in your life right now that would have an impact on your commitment and involvement in the youth ministry (i.e. relationships, other commitments, etc.)?

Are you using illegal drugs? Yes No

Have you ever gone through treatment for alcohol or drug use? If yes, please describe:

Have you ever been arrested and/or convicted of a crime? If yes, please describe:

Have you had any sexual relations with any minor after you became an adult?
 Yes No

Have you ever been accused of or convicted of any form of child abuse?
 Yes No

If yes, please describe:

Have you ever been a victim of any form of child abuse? Yes No

If yes, would you like to discuss this matter with a pastor or counselor?
 Yes No

Are you willing to be finger printed for State Criminal Conviction Clearing?
 Yes No

