

### 8.3 Teenage Worker Screening Form

Please complete this screening form if you desire to serve in a Water of Life Lutheran Church-sponsored program involving children or youth under the age of 18. We are using this to help our congregation provide a safe and secure environment for those children and youth who participate in our programs and use our facilities. **All information provided on this form will be kept confidential.**

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade In School: \_\_\_\_\_  
*Last First*

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home # \_\_\_\_\_ Mobile # \_\_\_\_\_

Parent/ Guardian Name \_\_\_\_\_  
*Last First*

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home # \_\_\_\_\_ Mobile # \_\_\_\_\_

For what type of youth or children's work are you applying? \_\_\_\_\_

Are you a member of Water of Life Lutheran Church? \_\_\_\_\_ Yes \_\_\_\_\_ No

If not, are you a member at another church? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes," please list the name and address of your church: \_\_\_\_\_

Please give two **personal references** (non-relatives).

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_  
*Signature of Teen Worker*

\_\_\_\_\_  
*Date*

I do not know of any reason why my child should not serve as a teenage worker with minors. My child exhibits the skills and maturity needed to work with children at the church.

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*