

# Lay Personnel Application

## LAY PERSONNEL APPLICATION

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

### **Employment History** – Please list all past employers. If you need more room, you may attach another piece of paper with this information.

Present Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Contact: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Present Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Contact: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Present Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Contact: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

### **Volunteer References** – Please list all other organizations where you have volunteered. If you need more room, you may attach another piece of paper with this information.

Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Contact: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Contact: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Contact: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

# Lay Personnel Application *(cont.)*

**References** – Please list names and phone numbers of people familiar with your character as it relates to the ministry which you hope to provide. References cannot be family members and at least one reference must be from outside the congregation. Also complete this information on the attached written reference forms. References will be contacted.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

1. Do you use illegal drugs? Yes No

2. Have you ever been convicted of a criminal offense? Yes No  
(If yes, explain below)

\_\_\_\_\_

3. Have you ever been charged with child abuse, neglect or molestation? Yes No  
(if yes, explain below)

\_\_\_\_\_

4. Has your driver's license ever been suspended or revoked? Yes No

5. 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 care, guidance and supervision of the people placed in your charge? Yes No

\_\_\_\_\_

6. List all states in which you have resided over the last 7 years:

\_\_\_\_\_

\_\_\_\_\_

# Lay Personnel Application *(cont.)*

## I Understand That:

To the best of my knowledge, the information contained in this application is complete and accurate. I understand that providing false information is grounds for not hiring me or choosing me for a volunteer position or for my discharge if I have already been hired or chosen.

I authorize any person or organization, whether or not identified in this application, to provide any information concerning my previous employment, education, driving record, criminal conviction record, sexual offender registry or other qualifications for my employment or volunteering. I also authorize \_\_\_\_\_[Parish] to request and receive such information.

If hired or chosen, I agree to be bound by \_\_\_\_\_[Parish's] policies and procedures, including but not limited to the Diocese of Upper South Carolina's Safeguarding God's People Policy Manual and Code of Conduct. I understand that these may be changed, withdrawn, added to or interpreted at any time at the \_\_\_\_\_[Parish's] sole discretion and without prior notice to me.

I also understand that my employment or volunteering may be terminated, or any offer or acceptance of employment or volunteering withdrawn, at any time, with or without cause, and with or without prior notice at the option of \_\_\_\_\_[Parish] or myself.

Nothing contained in this application or in any pre-employment or pre- volunteering communication is intended to or creates a contract between myself and \_\_\_\_\_[Parish] for either employment, volunteering or the providing of any benefit.

I have read and understand the above provisions.

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

# Lay Personnel Application *(cont.)*

## Code of Conduct for Ministry Providers:

*(read and initial each item to signify your agreement to comply with the statement)*

- \_\_\_\_\_ I agree to do my best to prevent abuse, neglect, and sexual misconduct among children, youth, and adults involved in church activities and services.
- \_\_\_\_\_ I agree not to physically, sexually or emotionally abuse or neglect a child, youth or adult.
- \_\_\_\_\_ I agree to comply with the policies as defined in the Diocese of Upper South Carolina's Safeguarding God's People Policy Manual.
- \_\_\_\_\_ I agree to comply with the Guidelines for Appropriate Affection.
- \_\_\_\_\_ In the event that I observe any inappropriate behaviors, boundary violations, or possible policy violations, I agree to immediately report my observations.
- \_\_\_\_\_ I acknowledge my obligation and responsibility to protect children, youth and vulnerable adults and agree to report known or suspected abuse, neglect, or sexual misconduct of youth or adults to appropriate church leaders and state authorities in accordance with the Safeguarding God's People Policy Manual.
- \_\_\_\_\_ I understand that the church will not tolerate the abuse, exploitation, or harassment of children, youth or adults, and I agree to comply in spirit and in action with this position.
- \_\_\_\_\_ I agree to not attempt to or to sexually abuse, exploit, or harass any person I serve or work with on behalf of the church.
- \_\_\_\_\_ I agree to have one-to-one meetings with others during regularly/publicly scheduled hours and by appointment on church property or another public location where another adult can see me at all times during the meeting.
- \_\_\_\_\_ I agree to maintain clear and appropriate boundaries and avoid even the appearance of impropriety.
- \_\_\_\_\_ I agree to immediately end any sexual or inappropriate relationship with a person with whom I have a Pastoral Relationship.
- \_\_\_\_\_ I agree that when I have questions about the implementation of these policies, I will immediately seek advice from the bishop, a trusted colleague or mental health professional.
- \_\_\_\_\_ I agree to not date or become romantically involved with those with whom I have a Pastoral Relationship as long as the Pastoral Relationship continues and for one year after the pastoral relationship has ended, except in the case of minors, where I agree to no date or become romantically involved until the person is no longer a minor and for one year after the Pastoral Relationship has ended.
- \_\_\_\_\_ I agree to not have sexual contact with any person with whom I have a Pastoral Relationship.
- \_\_\_\_\_ I agree to not possess any sexually oriented materials (magazines, cards, videos, films, clothing etc.) on church property or using such materials in the conduct of my ministry unless the materials are part of a pre-approved educational program or curriculum and are used only for that purpose
- \_\_\_\_\_ I agree that I will not use the Internet to view or download any sexually oriented materials on church property or from having it on church-owned computers, and from bringing such materials onto church property
- \_\_\_\_\_ I agree that I will not discuss my own sexual activities, including dreams and fantasies, or discuss my use of sexually oriented or explicit materials such as pornography, videos or materials on or from the Internet, with any person with whom I have a Pastoral Relationships

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**Printed Name**

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**Signature**

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**Date**

# Lay Personnel Application References

## THE EPISCOPAL DIOCESE OF UPPER SOUTH CAROLINA MINISTRY PROVIDER REFERENCE

The person named below has applied to be a ministry provider in a congregation, camp, school, or diocesan institution of the Episcopal Diocese of Upper South Carolina. As a ministry provider, the person will be serving one or more of the following people – children, youth, or vulnerable adults.

This reference is an important part of the screening process. Please complete this form within the next week and return it as instructed below. Thank you for helping us to provide healthy and safe ministry.

**Applicant's Full Name:** \_\_\_\_\_

**Applicant's Preferred Name:** \_\_\_\_\_

**Applicant's Maiden Name (if applicable):** \_\_\_\_\_

**Reference Name:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

1. Please give me an example of how the applicant maintains good boundaries with adults, children and/or youth.
2. Have you ever heard the applicant tell a joke or say something that made you or others uncomfortable?
3. Would you be comfortable referring a vulnerable friend, child or youth to the applicant for pastoral care, mentoring, supervising or teaching? Why? Why not?
4. The position for which the applicant has applied requires that s/he be able to work closely with people whose lives may be in turmoil and who may not have good judgment at that point in time. Can you think of any reason that the applicant should not be allowed to do this work?

Please return this reference to:

**Name:** \_\_\_\_\_

**Parish or Organization:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_