



Child/Youth Worker Application Form

It is the goal of SAYMA to create a safe and secure environment for all children and workers who are involved in SAYMA activities. To facilitate this emphasis, it is necessary to gather pertinent information from those who desire employment or offer volunteer services to our children and youth program. This information will be used for the sole purpose of helping SAYMA provide a safe and secure environment for children and workers.

Please print all information clearly. You may download this form at www.sayma.org to fill it out on your computer.

Name: _____ Date: _____

Current street address: _____

City, State, Zip: _____

Current phone number (Home): _____ (cell): _____

Email address _____

Please respond to all questions below that apply to the position for which you are applying/volunteering.

Position applying/volunteering for: _____

Do you have a valid driver's license? _____ Commercial license? _____

Date of birth: _____

Is there any reason you should NOT work with or around children or youth? _____

Have you ever been the subject of a child abuse investigation? _____

If yes, please provide details: _____

Have you ever been convicted of or pleaded guilty to a criminal offense? _____

If yes, please provide details: _____

Please provide the following meeting information:

What, if any, meeting affiliation do you have? _____

How long have you attended that meeting? _____ Are you a member? _____

List other meetings with which you have been affiliated: _____

Have you ever worked with youth or children? _____ List where: _____

Please list two references (must be of a business, Quaker, or organizational nature):

Name: _____ Phone: _____

Address: _____ Years known each other: _____

Name: _____ Phone: _____

Address: _____ Years known each other: _____

I hereby give permission to make a thorough investigation of my past employment, education, and background, and release from liability all persons, companies, or corporations supplying such information. I also release SAYMA from any liability that might result from making such an investigation. I understand that any false statements or implications made by me on this application or other required documentation shall be considered sufficient cause for denial of employment or discharge.

Signature: _____ Date: _____

Once this application is reviewed by the appropriate committee, you will receive an email from our criminal background check provider, Employment Screening Resources. You will also receive an email from Susan Phelan (administrative assistant) or Autumn Woodward (SAYF Administrative Assistant) explaining the process. Thank you for your interest in SAYMA's young Friends.