



# Youth Vulnerable Populations Addendum

Name: \_\_\_\_\_ Today's date: \_\_\_\_\_

It is our intention to build relationships with and disciple those whom we are entrusting minors (under age 18) and vulnerable adults (e.g. disabled adults, nursing home residents, shut-in, etc.). Please know that the information contained in this addendum will be treated with the utmost of confidentiality, respect **and shared only with the appropriate staff/ministry leader or designated volunteer for the purpose of contacting your references and processing your application.** At all times, these forms will be stored in a locked file cabinet located in a locked office. No one will have access without proper authorization.

**REFERENCE INFORMATION:** List three people that you know that meet the following criteria; **1.)** they are over 18 years old and are not related to you; **2.)** has known you for more than 1 year; **3.)** has a definite knowledge of your character (and spiritual life if possible); **4.)** if possible, can speak to your ability in the area of the position for which you are applying.

Name: \_\_\_\_\_ Nature of association: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Length of time known: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Nature of association: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Length of time known: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Nature of association: \_\_\_\_\_  
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Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

### RELATIONSHIP INFORMATION:

Please list the people who live in your home:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Other Background Information:

Is there any fact or circumstance involving you or your background that would call into question you're being entrusted with the supervision, guidance and care of vulnerable individuals (e.g. children, elderly, etc.)?  Yes  No If yes, explain:

Where have you previously served the past 5 years, and what were the reasons your left/changed ministry areas?

What other organizations have you served in as a volunteer: (e.g. school, church, organized sports, the elderly etc.)

Have you ever been concerned that you may have an addiction to drugs, alcohol, pornography or any other addiction; or has anyone ever suggested that you may have a problem with any of the above?

Yes  No      If yes, explain:

Are you currently using drugs or consuming alcohol?  Yes  No

Has there been any misuse of drugs or alcohol in your family background?  Yes  No

Has there been any abuse that was emotional, physical or sexual in nature in your family background?

Yes  No      If yes to either of the three questions above, please explain on the back of this page:

The information that I have provided is true and may be verified by contacting persons or organizations named in this application, or 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 agree to support Salem Alliance Church mission, values and doctrinal statement. In signing this application I recognize that by accepting a position of service I am placing myself under the authority of Salem Alliance Church Leadership. I also understand that criminal background checks will be updated every two years.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature (if 17 or under): \_\_\_\_\_ Date: \_\_\_\_\_

*\*\*Please print this document, sign and return in person or via US Mail – Do not submit electronically\*\**