



Mosaic Academy

Partnering with Parents

SAFETY APPLICATION FORM for Volunteers and Employees (Confidential)

Which position are you applying for: _____

Name: _____ Date: _____

How long have you lived at your current address? _____

Previous address: _____

List all other cities and states where you have lived as an adult: _____

Please list the name, address, city and state of schools that you have served in regularly during the past 10 years: _____

Please list all previous **educational** work involving children, students or vulnerable populations (impaired, adults, special needs individuals etc.). List each school's name and address, type of work carried out, dates, and a **contact person** familiar with your work there.

Please list all previous **non-educational** work involving children, students or vulnerable populations. List each organization's name and address, type of work carried out, dates and a **contact person** familiar with your work there.

List any talents, vocations, preparation, training or other experiences which have equipped you to work with children, students or vulnerable adults:

Because our school cares for our members and our children, and desires to protect them, please answer the following questions. We understand that the answers to these questions may be private and deeply personal, and we will protect your privacy.

Why do you want to work with children at Mosaic Academy, Fort Worth?

Do you have a preference concerning the age group or sex of children or students with whom you would like to work? Why?

What is your philosophy concerning re-direction or discipline of children?

When you are unhappy, angry or emotional about a person or circumstance, what do you do?

Have you experienced any significant physical or emotional stresses within the past year, such as the loss of a parent, spouse, or child, extreme ill health, or any emotional or physical crisis? If so, please briefly explain.

Do you consider yourself to have been physically or sexually abused as a child?

If you were physically or sexually abused as a child, would you consider utilizing church resources to seek healing in this area of your life?

Have you ever physically or sexually abused a child?

Has someone ever accused you of abusing a child?



SAFETY APPLICATION RELEASE FORM

I authorize Mosaic Academy to contact all individuals, organizations and references listed on this **Safety Application Form** in order to verify the information I have provided to the church. I agree to release from liability any person or organization that provides information concerning me, including those persons I have listed as references, as well as contact persons from my previous church and non-church work, listed on this application.

I specifically authorize the school to undertake a criminal background check concerning my past.

I understand and agree that any information received from the background check and application verification will not be disclosed to me, and I hereby waive any right I may have to inspect any information provided about me by any person or organization identified by me on this form.

By signing this form, I certify and affirm that the information I have given on this form is true, complete and correct in all respects.

Printed Name: _____

Signature: _____ Date: _____