

ATTACHMENT 4

*Evangelical Lutheran Church Greencastle
130 North Washington Street
Greencastle, PA 17225
(717) 597-3310*

Screening Form [To be completed by applicant seeking to become an Approved Adult.]

Name of Applicant _____

Address _____

Phone (home) _____ Phone (work) _____ Phone (cell) _____

1. In what specific areas would you particularly like to work with children? (i.e. Sunday School, Youth Group, etc.)

2. Concerning your previous experience with children, what would you say have been the highlights of that experience? (Please list specifics.)

3. Have you read and understand the Evangelical Lutheran Church Child Protection Policy?

Yes No

___ ___

4. Do you have any specific questions regarding that policy?
(If so, please list below.)

___ ___

Responses to Questions will be kept confidential

5. Have you ever been accused of and/or have a previous record of child abuse?

Yes No

___ ___

6. Have you ever been convicted of or pleaded guilty of a crime?

Yes **No**

— —

7. Were you a victim of abuse or molestation as a minor?

Yes **No**

— —

If you prefer, you may refuse to answer these questions, or you may discuss your answer in confidence with the Pastor rather than answering this form. Answering yes, or leaving the questions unanswered, will not automatically disqualify an applicant for children or youth work.

Signature

Date

Please Print Name