



MOPPETS Worker Application

Thank you for your interest in helping the MOPPETS program and for completing this form. Our MOPS group looks forward to getting to know more about you. Your answers to the following questions will be kept in confidence.

Basic Information: (Please print)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____

Date of birth: _____

Driver's license state and number: _____

Social security number: _____

Have you ever used a name other than indicated? Yes No

If so, please list other names and explain: _____

Qualifications: _____

Position applied for: _____

Why do you want to serve in the MOPPETS ministry? _____

How did you first hear about MOPPETS? _____

Please list significant previous church work involving children: _____

List other experiences and education that have prepared you for working with children: _____

Have you been trained or certified in CPR? Yes No

If so, when? _____

Which age group do you prefer to work with?

- Infants: newborn - 6 mos Infants: 7 mos - 12 mos Toddlers: 12 mos - 24 mos
 Toddlers: 24 mos - 3-year-olds Preschoolers: 4-year-olds Preschoolers: 5-year-olds No preference

Are there any physical or personal situations that might impede your full participation in the MOPPETS program?

(i.e. physical limitations; other responsibilities) Yes No

If yes, please explain: _____

List three personal references:

Name: _____

Phone: _____

Checked: (Steering use only)

Name: _____

Phone: _____

Checked: (Steering use only)

Name: _____

Phone: _____

Checked: (Steering use only)

Do you regularly attend a church? Yes No

If so, where? _____

Are you a Christian? Yes No

What does this statement mean to you? How are you growing in your relationship with Christ? _____

While it is not our intent to unnecessarily pry into your personal life, we are legally responsible to ask some questions concerning your background. Your responses will be held in the strictest of confidence and may be verified through an independent background check.

Have you ever been convicted of a crime? Yes No

If you have been convicted of a crime other than a minor traffic offense, please state the nature of the conviction, date, sentence received, sentence served (including dates and locations), probation or parole officer's name and contact information, and any other facts or circumstances you wish to provide: _____

Have you ever been convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor?

Yes No

If yes, please explain: _____

I certify that the above information and statements are true and complete to the best of my knowledge.

Name: (Please print) _____

Applicant's signature: _____

Date submitted: _____

Acceptance of this application does not constitute a contract of employment, nor is it a commitment to the applicant.