



# KIDS *Application*

We love MOPS Kids! Our goal is to create a safe, nurturing environment for all children. We will engage with stories, songs, and age-appropriate play. Thank you for your interest in investing in the lives of moms by helping care for their MOPS Kids. Your answers to the following questions will be kept in strict confidence.

<b>Name:</b>	
<b>Street Address:</b>	
<b>City, State, Zip:</b>	
<b>Email:</b>	
<b>Cell Number:</b>	<b>Other Phone:</b>
<b>Date of Birth:</b>	
<b>Driver's License State:</b>	<b>Driver's License #:</b>
<b>Social Security Number:</b>	
<b>Have you used a name other than above?    Yes    No</b>	
<b>If so, please list and explain:</b>	

How did you hear about MOPS Kids?

Have you ever served in other MOPS Kids (formerly called MOPPETS) programs?    Yes    No

If so, at which organization?

Dates served:

Tell us about your previous work with children.

Tell us about other experience or education that

Have you been trained or certified in CPR?    Yes    No    If yes, when?

Which age group do you prefer to work with?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Infants: newborn to 6 months | <input type="checkbox"/> Toddlers: 24 months – 3years | <input type="checkbox"/> Kindergartners: 6 years |
| <input type="checkbox"/> Infants: 7-12 months         | <input type="checkbox"/> Preschoolers: 4 years        | <input type="checkbox"/> Older children          |
| <input type="checkbox"/> Toddlers: 12-24 months       | <input type="checkbox"/> Preschoolers: 5 years        | <input type="checkbox"/> No preference           |

Please explain any physical limitations or personal situations that would impact your work with the MOPS Kids program.

Do you regularly attend a church:    Yes    No    If yes, where?

How would you describe your relationship with Jesus?

Please list three personal references.

	Reference 1	Reference 2	Reference 3
Name:			
Phone:			
Email:			
Relationship:			

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 can provide.

Have you ever been convicted of child abuse or a crime involving actual or attempted sexual molestation or a minor? Yes No

If yes, please explain.

Are you willing to be fingerprinted? Yes No

Applicant's Signature:

Date Signed:

*Please Note: Acceptance of this application does not constitute a contract of employment and is not a commitment of any kind to the applicant.*

**For MOPS Leadership Use:**

**Date Received:**

**Date References Checked: #1: #2 #3**