FOR MEETING US	E ONLY
Date:/	/
Place:	
Interviewers:	&

Request for Clearness to Work with Children Application Form

Child Welfare Committee | Minneapolis Friends Meeting

Complete and return via E-mail to Barbara Mohr at <u>bubbajane@gmail.com</u> or print and mail to: **Barbara Mohr, 4916 Morgan Ave. S, Minneapolis MN 55419**.

* Required items.						
* 1. Name (last name first):						
* 2. Date:	/	/				
* 3. Phone:						
* 4. Is this a mobile number:	Yes	No				
* 5. E-mail Address:	·					
* 6. Preferred method of contact:	Phone	E-mail				
* 7. When are you available to interview	(check all that	apply)?				
M Tu W	Th F	Sa	Su	Day	Evening	
* 8. Interview location (check only one):						
• • • •	Minnea	polis Friends	Meeting			
		•				
* 9. I would like to work with children a	t Minneapolis F	riends Meetin	g (MFM) i	n (check all	that apply):	
Nursery First Da	y School	Any activity	for childre	n and youth	n at MFM	
		_		J		
* 10. Have you attended MFM for 6 months or longer?					Yes	No
* 11. I agree to a clearness interview with the Child Welfare Committee.					Yes	No
* 12. I agree to give MFM permission to conduct a criminal background check. Or I will provide MFM a previous criminal background check.				Yes _	No	
	_				•-	
* 13. I will follow the Child Welfare Policies of MFM.				Yes _	No	
* 14. Have concerns about child safety e	ver been raised	in any of you	r past intera	ections with	children?	
					Yes.	No

N.B. If you answered 'no' to items 10, 11, 12, 13, or 14 you cannot be authorized by Minneapolis Friends Meeting to work with children and youth in any Meeting-sponsored activity at this time.