

Church Office Use only

<input type="checkbox"/> Ref 1	<input type="checkbox"/> Recvd	<input type="checkbox"/> Approved
<input type="checkbox"/> Ref 2	Date _____	Date _____
<input type="checkbox"/> Ref 3	Initials _____	Initials _____

Re-checks

Date _____	Date _____	Date _____
Date _____	Date _____	Date _____
Date _____	Date _____	Date _____

Return to ministry leader or church office



Confidential Background Check Application

This application is to be completed by all applicants for any position (volunteer or compensated) involving the supervision, custody of or working around minors. This process helps our church provide a safe and secure environment for children and youth who participate in our programs and use our facilities.

Check the area(s) of ministry/work you are applying for:

Children Royal Rangers/Girls Ministry Nursery Sunday School Youth Other _____

PERSONAL

Date: _____

Name: _____
Last First Middle

Mailing Address: _____
Street City State Zip

Email Address: _____

Phone: (_____) _____ - _____ (_____) _____ - _____
Home/Cell Work

Anticipated or Minimum Length of Commitment: Indefinite or _____ Months Years

1. Do you have any physical or psychological conditions or handicaps that could affect your performing necessary activities relating to children or youth work? Yes No If yes, please explain:

2. Are you taking any medications that could affect your performance? Yes No

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

4. Were you molested at any time in your life? Yes No

5. Have you been convicted of a traffic violation in the last three years? Yes No If yes, please list and describe all convictions:

6. Do you have any of the following life-controlling habits: Alcoholism Smoking Drugs None

CHURCH ACTIVITY

Name of church of which you are a member? _____

List name & address of other churches you have attended regularly during the last five years:

List all previous work involving minors (identify church and position):

List all gifts, callings, training, education, or other factors that have prepared you for ministry to minors:

PERSONAL REFERENCES

List three references that are not former employers or relatives. Please include their complete mailing address and phone number. We cannot approve you for ministry until we have contacted all three of them.

Name: _____ Length of acquaintance: _____

Complete Mailing Address: _____
Street City State Zip

Contact Phone Number: (____) _____ (____) _____
Work Home/Cell

Name: _____ Length of acquaintance: _____

Complete Mailing Address: _____
Street City State Zip

Contact Phone Number: (____) _____ (____) _____
Work Home/Cell

Name: _____ Length of acquaintance: _____

Complete Mailing Address: _____
Street City State Zip

Contact Phone Number: (____) _____ (____) _____
Work Home/Cell

The information contained in this application is correct to the best of my knowledge. I authorize all references or churches listed, to give Meridian Assembly of God any information they have regarding my character and fitness for ministry to minors. I release all such references from any liability for furnishing such evaluations to you, provided they do so in good faith and without malice. I waive any right to inspect references provided on my behalf. Should my application be accepted, I agree to be bound by the Bylaws and policies of Meridian Assembly of God, and to refrain from unscriptural conduct during the performance of my services on behalf of the church.

Applicant's Signature: _____ Today's Date (mm/dd/yy): ____ / ____ / ____

**REQUEST & AUTHORIZATION FOR
NATIONAL RECORDS CHECK**

I hereby request Volunteer Select to release all information which pertains to any record of convictions. I release Volunteer Select from all liability from such disclosure. I authorize Volunteer Select to consult any other state or national authority during this process.

Legal Name: _____
(Please Print) Last First Middle

Other names or aliases: _____

Physical Address: _____
Street City State Zip

Date of Birth (mm/dd/yy): ____ / ____ / ____

Social Security Number: _____ - _____ - _____

Driver's License: _____
Number State

Signature: _____ Today's Date (mm/dd/yy): ____ / ____ / ____