

PRIMARY SCREENING FORM

This application is to be completed by all applicants for any position (voluntary or compensated) involving the supervision or custody of minors. It is being used to help the church provide a safe and secure environment for those children and youth who participate in our programs and use our facilities. All information will be kept in a confidential file in the membership office.

Date _____

PERSONAL BACKGROUND INFORMATION

Name _____
Last Full First Full Middle (no initial please)

Indicate maiden name and all other names you have used _____

Place of Birth _____ Date of Birth _____

Present address _____ How long? _____

City _____ Current County of residence _____

State _____ Zip _____

Telephone _____
Day Evening Cell

E-mail address _____

List counties and states of residence during the last five (5) years:

Driver's License # _____ Issued in what state? _____ SS# _____

Please attach a photocopy of your current driver's license

APPLICANT'S STATEMENT

The information contained in this application is correct to the best of my knowledge. I authorize any references, former employers or churches listed in this application and anyone identified by such references, former employers or churches to give you any information (including opinions) that they may have regarding my character and fitness for children or youth work.*

Should my application be accepted, I agree to be bound by the CARE policy and other policies of Christ Covenant Church, and to refrain from unbiblical conduct in the performance of my services on behalf of the church.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement, which I have read and understand.

Applicant's Signature _____ Date _____

Witness _____ **(must have witness)** Date _____

*See the "Notice to Consumer of Intent to obtain a Consumer Report" form attached

MINISTRY INFORMATION

Please indicate the type of youth or children's work you prefer:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Nursery | <input type="checkbox"/> Children's worship | <input type="checkbox"/> Covenant Day School | <input type="checkbox"/> Kendall Ministry |
| <input type="checkbox"/> Early childhood | <input type="checkbox"/> Youth Ministry | <input type="checkbox"/> Trail Life | <input type="checkbox"/> Pioneer Girls |
| <input type="checkbox"/> Elementary | <input type="checkbox"/> Paid childcare | <input type="checkbox"/> SOAR | <input type="checkbox"/> Other _____ |

Are you a MEMBER of Christ Covenant Church? Yes No For how long? _____

Please list other churches you have attended regularly during the past five years (include city).

Please list all previous church work involving youth or children (include church's name/address)

Please list all previous non-church work involving youth or children (list each organization's name/address, dates)

List any gifts, callings, training, education, or other factors that have prepared you for youth or children's work

Personal references (not relatives or former employers, unless pertinent to this application)

Name _____	Name _____
Address _____	Address _____
Telephone _____	Telephone _____

Do you have a personal relationship with Jesus Christ? Yes No

How would you describe your relationship to Christ?

REQUEST FOR CRIMINAL RECORDS CHECK & AUTHORIZATION

I hereby request any police department or agency to release any information that pertains to any record of convictions contained in its files or in any criminal file maintained on me whether local, state, or national. I hereby release said police department or agency from any and all liability resulting from such disclosure.*

Signature

Print name

Notice of Intent to Obtain a Consumer Report

Christ Covenant Church's volunteer screening and background efforts may include a criminal conviction history, driver history, educational verification, and work history. A volunteer has the right to request a complete and accurate disclosure of the nature and scope of the Investigative Report requested. Your request must be made in writing within a reasonable amount of time from the receipt of this notice. You are entitled to a copy of the "Summary of Consumer Rights" as prescribed by the FCRA. In using an investigative report for volunteer purposes, and before taking any adverse action based on whole or in part on the report, the person intending to take such adverse action shall provide to the volunteer to whom the report relates, a copy of the report, along with the prescribed "Summary of Consumer Rights". You may also have additional rights according to the state and local laws in your area.

AUTHORIZATION

I certify that the information I have thus far provided to Christ Covenant Church is accurate and complete to the best of my knowledge. I understand that falsification, misrepresentation or omission of any material or information I have supplied may be used to disqualify me from service. I understand that Christ Covenant Church will verify information given on employment applications or background information forms, and I authorize them to do so. I also authorize Christ Covenant Church to make whatever inquiries it considers appropriate in order to obtain this verification. I authorize any individuals and/or agencies contacted the Christ Covenant Church or its agents to furnish all necessary information that may be requested including investigative reports. I release Christ Covenant Church, its agents and any person or institution that provides Christ Covenant Church with information pertaining to this application, from any and all liability for adverse action or damage that may result from the investigation, disclosure, or use of such information. This authorization shall remain in effect during the course of service and maybe used in connection with future decisions concerning volunteer reassignment or retention.

I acknowledge that I have read and understand the above notice I hereby authorize the obtaining and disclosure of such information.

Applicant Signature _____ Date _____

Applicant Name _____
(Please Print Full Name with No Initials)

Address _____
(City, State & Zip Code)

Social Security # _____ Driver's License # and State _____

Date of Birth _____

OVER –

3

Protect My Ministry Child Abuse Awareness Policy

Accepted in lieu of C.A.R.E. Training at Christ Covenant for Trail Life leaders only.

Agreement to Comply

3/12/14

Check boxes below and attach a photocopy of your Child Abuse Awareness Certificate.

- I have completed the Protect My Ministry Child Abuse Awareness online training and understand the policies as outlined during that training.
- I have completed the Protect My Ministry Child Abuse Awareness online training and passed the quiz.
- I agree to follow all policies and guidelines as addressed in the Protect My Ministry Child Abuse Awareness training for the duration of my service in ministry at Christ Covenant.
- I agree to discuss any and all concerns that I have regarding Protect My Ministry Child Abuse Awareness policies with the staff member directly responsible for the ministry in which I am involved.

Signed

Date

Please attach a photocopy of your Child Abuse Awareness Certificate.

OVER –

