

Staff/Volunteer Screening Form

Because every volunteer and staff participant has the potential to impact children for good or evil, we must ensure that all those participating maintain a biblical standard of godliness in their personal behavior. We trust that you share our desire to protect the precious children whom God has entrusted to us.

Please fill out the screening form, taking care to answer each question truthfully and completely. If extra room is needed to completely answer any question, please attach a page to this form.

Name: _____
Last First Middle

If you have ever used other names, such as married or maiden names, please provide the names and dates of use.

Name	Date
Name	Date

Will you be over the age of 18 on or before August 8? Yes No

Present Address: _____

City / State / Zip: _____

Home Telephone Number: _____

Volunteer Position: _____

Do you have any current Red Cross Certificates for First Aid, CPR, Life Guard or other? Please give the name of the certificate(s) and the expiration date(s) _____

SPIRITUAL QUALIFICATIONS:

Are you a Christian? Yes No

In a brief paragraph, please describe how and when you became a Christian. _____

Please list the churches you have attended in the last 5 years; begin with the one you attend now:

- 1) _____

Name	Phone Number
Address	
Reason for leaving	Dates Attended

- 2) _____

Name	Phone Number
Address	
Reason for leaving	Dates Attended

- 3) _____

Name	Phone Number
Address	
Reason for leaving	Dates Attended

I hereby certify that the information I have provided on this application is true and complete. I authorize this church to verify the information I have provided on this application by contacting the references and churches I have listed, by conducting a criminal records check, or by other means, including contacting others whom I have not listed. I authorize the references listed in this application to give the church whatever information they may have regarding my character and fitness for the job for which I have applied. Furthermore, I waive any rights I may have to confidentiality.

In consideration of the receipt and evaluation of this application, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of compliance or any attempts to comply with this authorization.

I have read this waiver and the entire application, and I am fully aware of its contents. I sign this consent freely and under no duress or coercion. I understand that any omissions from or misinformation in the application may result in the rejection of my application or my dismissal from service if I have already been given my position.

Signature of Applicant _____ Date _____

Witness _____ Date _____

AUTHORIZATION AND RELEASE

I hereby authorize any person making inquiry on behalf of the Church or Organization to obtain any information from schools, landlords, employers, or individuals relating to my activities. This information may include, but is not limited to academic, residential, achievement, performance, attendance, personal history, disciplinary, arrest, and conviction records. I hereby direct you to release such information upon request, whether favorable or unfavorable, to any representative of this institution presenting this authorization or a photocopy or facsimile of it.

I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, from any and all liability for damages, of whatever nature, which may at any time result to me on account of compliance or any attempts to comply with this authorization.

A photocopy or facsimile copy of this document and any signature shall be considered for all purposes as an original.

Date

Signature