Form #1 Primary Screening Form For Children's & Youth Ministry Workers

Confidential

Quail Springs Church of Christ

This application is to be completed by all applicants for any position (volunteer or compensated) involving the supervision custody or assistance of minors. This is not an employment application form. It is being used to help the church provide a safe and secure environment for those children who participate in our programs and use our facilities.

		Personal	
Date			
Name			
Last		First	Middle
Present address:_			
City			
State	Zip	Home phone ()_	
Please indicate the	e type of children's	work you prefer	
What is the minim	um length of commitr	ment you can make?	
•	en convicted of or pleases, please explain in	aded guilty to a crime?	
detail)			
No	used or molested a chi	ild9	
Yes	sed of molested a cin	iid:	
No			
•	•	ed or molested a child? ing who made the accusation)	
No			
Have you been a v	victim of abuse or mo	plestation ?	
No			
minister rather thar		form. Answering yes, or leaving	e, and may discuss your answer in confidence with a ng the question unanswered, will not automatically
Do you have a cur	rent driver's license?		
Yes If	yes, please list the fo	ollowing: Drivers License Nu State	umber

No	Expiration Date Restrictions
	Prior Suspensions
	Church History and Prior Children's Work
List (name and address) other chur	member:ches you have attended regularly during the past five years:
List all previous church work invol	ving children (list each church's name and address, type of work performed, and
List all previous non-church work i	nvolving children (list each organization's name and address, type of work performed, and
List any spiritual gifts, callings, trai	ning, education, or other factors that have prepared you for work with
Personal References (not forme	r employers or relatives)
Name	Name
Address	Address
Telephone	Telephone

Name _____

Address_____

Telephone _____

Applicant's Statement

The information contained in this application is correct to the best of my knowledge. I authorize inquiry, including but not limited to, any references, churches, or other persons and organizations, governmental agencies, custodians of official records any information (including opinions) confidentially, that they may have regarding my character and fitness for work with children. In consideration of the receipt and evaluation of this application by Quail Springs Church of Christ, I hereby release any individual, church, 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 waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application. If a background check is needed, I give my authorization.

I understand and agree that it is critical to the mission and ministry of Quail springs Church of Christ that all employees and volunteers conform to the highest standards of safety, interpersonal conduct, and sexual morality. I affirm that I will strictly comply with Quail Springs Church of Christ's Youth and Children's Ministry policies and procedures as later amended and/or revised including those concerning child safety and protection, sexual abuse and misconduct, and interpersonal relationships. I understand and agree that failure by me to abide by such policies and procedures as later amended and/or revised may result in my immediate dismissal or disciplinary action, all in the discretion 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		Today's Date		
Please print your full name				
nessDate				
The following information is required by law enforcement when checking records. It is confidential and will not be u	•			
Please print other last names you have used				
Home Address				
City	State	Zip		
Social Security # Date of B #	irth	Driver's License		
Name as it appears on license	St	ate Issuing License		