

Church History and Prior Children/Youth Work

7. Name of church of which you are a member: _____
List (name and address) other churches you have attended regularly during the past five years:

8. List all previous church work involving children or youth (list each church's name and address, type of work performed, and dates) _____

9. List all previous non-church work involving children or youth (list each organization's name and address, type of work performed, and dates) _____

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

Personal References (not former employers or relatives):

Name _____

Name _____

Address _____

Address _____

Telephone _____

Telephone _____

Applicant's Statement

10. The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for children or youth work. In consideration of the receipt and evaluation of this application by First Church, 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 whatever kind of nature which may at any time result to me, my heirs, or family, on account 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.

Should my application be accepted, I agree to be bound by the Bylaws and policies of First church, and to refrain from unscriptural 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 _____

Date _____

REQUEST FOR CRIMINAL RECORDS CHECK AND AUTHORIZATION

I hereby request the _____ Police Department to release any information which 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 from any and all liability resulting from such disclosure.

Signature

Print Name

Print maiden name, if applicable

Print all aliases

Date of birth

Place of birth

Social Security number

Today's date

Record sent to:

Name _____

Address _____