



CONFIDENTIAL

This application is to be completed by all applicants for any position involving the supervision or custody of minors. It will help our church family provide a safe and secure environment for children.

Applying For: (Please check all that apply)

Infants (Newborn-2) _____
School Age (6 yrs - 5th grade) _____

Preschool (3-5) _____
Youth Group (when available) _____

Name: _____
Last First Middle

If you have ever used any other name(s), please provide in full:

Address: _____
Street City State Zip Code

Telephone: (____) _____ (____) _____ (____) _____
Home Work Cell

Email(s): _____ Date of Birth: _____

Marital Status: _____ If married, spouse's name: _____

First Available Date to serve: _____ How often available: _____

Occupation _____

Have you ever been charged with, indicted for, or pled guilty to an offense involving a minor? No Yes If yes, please describe all convictions for the past five years.

Were you a victim of abuse or molestation while a minor? No Yes (If you prefer, you may refuse to answer this question. - You may discuss your answer in confidence with one of the ministers rather than answering on this form. - Answering yes or leaving the question unanswered will not automatically disqualify you.)

When did you make your profession of faith in Christ? _____

When were you baptized? _____

List any gifts, callings, training, education, or other factors that have prepared you for teaching.

Are you a member of this church? No Yes

Please list other churches you have attended regularly during the past five years & include the type of work involving children that you performed.

Church History

1) Church Name _____
Church Address _____ Church Phone (____) _____
City/State/Zip _____
Type of work involving children: _____
Dates of Service _____

2) Church Name _____
Church Address _____ Church Phone (____) _____
City/State/Zip _____
Type of work involving children: _____
Dates of Service _____

3) Church Name _____
Church Address _____ Church Phone (____) _____
City/State/Zip _____
Type of work involving children: _____
Dates of Service _____

Three Personal References (not former employers or relatives)

Name Address City/State/Zip Phone
1) _____
2) _____
3) _____

List all previous non-church work involving children. Attach additional sheet if necessary. (Organization Name, Address City/State/Zip, Phone & description of job)

Applicant Statement (Please read and initial each statement.)

____ The information contained in this application is correct to the best of my knowledge.
____ I authorize references or churches listed in this application to provide information (including opinions) they may have regarding my character and fitness for working with children.
____ I release all such references from any liability for furnishing such evaluations, provided they do so in good faith and without malice.
____ I waive any right I may have to inspect references provided on my behalf.
____ Should my application be accepted, I agree to refrain from un-scriptural conduct in the performance of my services on behalf of the church.
____ If accepted I will be available at my scheduled time (unless Director is notified prior to service date)

Applicant's Signature _____ Date _____



LifePointe Church Volunteer Background Consent

Because we care, we want to insure a safe environment for all. Please take the time to fill out this brief form so that we may complete your background check.

Applicant should complete all relevant information and sign and date the form.

I, _____, hereby authorize **LifePointe Church** and/or its agents to make an independent investigation of my background, references, character, criminal or police records, including those maintained by both public and private organizations, and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for volunteer work now and, if applicable, during the tenure of my volunteer work with **LifePointe Church**.

I release **LifePointe Church** and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Name (Printed) _____

Maiden Name or Other Names Used _____

Present Address _____

City _____ State _____ Zip _____

How Long at Present Address? _____

Former Address _____

City _____ State _____ Zip _____

How Long at Former Address? _____ Race/Sex: _____

Date of Birth: _____ Email Address: _____

Social Security Number: _____

Signature of Candidate / Date _____

Background check requested by: _____

You may begin volunteering after we have completed the background check.