



CITY CHURCH

City Church Children’s Ministry Volunteer Application

* Required

Contact Information: *

Last Name: _____ First Name: _____

Middle Name: _____ Maiden Name: _____

Home Address: _____ City: _____

County: _____ State: _____ Zip Code: _____

Phone #: _____ Email Address: _____

Background Check: *

The questions asked below will be used to obtain a background check.

D/L or State ID: _____ State Issued: _____

Social Security Number: _____ - _____ - _____

Full Birth Date of Birth: _____ (For identification purposes only.)

Please List Other Names Used: _____

(This will only be used to run a background check. If you do not feel comfortable leaving it on this form, please write “call” with the best number to reach you during the day).

Disclosure and Authorization – Background Check Investigation:

In connection with my application for employment or to serve as a volunteer with City Church (“Client”), I understand that a “consumer report” and/or “investigative consumer report”, as defined by the Fair Credit Reporting Act, will be requested by Client for employment or volunteer purposes, whichever is applicable, from Protect My Ministry, Inc., (“Protect My Ministry”), a consumer reporting agency as defined by the Fair Credit Reporting Act. These reports may include information as to my character, general reputation, personal characteristics or mode of living, whichever are applicable. They may involve interviews with sources such as my neighbors, friends or associates. The report may also contain information about me relating to my criminal history, credit history, driving and/or motor vehicle records, social security number verification, verification of education or employment history, worker’s compensation (only after a conditional job offer) or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I am hired or serve as a volunteer, whichever is applicable, throughout the course of my employment or



volunteer service, as permitted by law and unless revoked by me in writing. I understand that I have the right, upon written request made within a reasonable amount time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to Protect My Ministry, Inc., 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618 or 1-800-319-5581. For information about Protect My Ministry's privacy practices, see www.protectmyministry.com.

I have stated my true and complete legal name on this application and all information is true and correct to the best of my knowledge. I voluntarily and knowingly authorize Client or its authorized agents to obtain or prepare consumer reports or investigate consumer reports about me. *

Signature * _____ Today's Date: _____

Child Protection:

Have you ever been convicted or plead guilty to a crime? *

- Yes
- No

Have you ever been overly attached, or sexually attracted to a child/youth? *

- Yes
- No

Have you ever been accused of, or charged with, committing any act of neglect, abuse or molestation of a child? *

- Yes
- No

Have you ever been told that you may have a problem with drugs, alcohol, pornography, or other addiction? *

- Yes
- No

Have you ever been told that you may have a problem with anger, violence, or following leadership? *

- Yes
- No

Have you ever been treated for emotional or mental health concerns? *

- Yes
- No

Has there been abuse of any kind in your family background (alcohol, drug, sexual, physical, etc.)? *

- Yes
- No

If you answered yes to any of the above background questions, please briefly explain the situation and how you have dealt with it since.



References:

If you know a City Church leader well (pastor, community group leader, or someone who serves at City Church), please list them. Otherwise, please list someone who knows you well and would be able to tell us more about you and your character.

Reference #1:*

Name: _____

Relationship: _____

Phone Number(s): _____

Length of time known: _____

Reference #2:*

Name: _____

Relationship: _____

Phone Number(s): _____

Length of time known: _____

Placement:

Which area would you prefer to serve in? (circle all that apply)

- Teaching
- Assisting
- Back Up

Beliefs:

I have reviewed and am in full agreement with City Church's beliefs as described in the following areas: Tagline, Mission, City Values, and Statement of Faith. I will follow the beliefs in any teaching or discipleship conducted by me. I will seek to consistently maintain a Christ-centered lifestyle. If at some point in the future I can, in good conscience, no longer follow the teachings or live a Christ-centered lifestyle, I will promptly communicate this to the Children's Ministry Directors, Associate Pastor, or Lead Pastor of City Church.

You can find our beliefs at <http://www.citychurchgnv.com/about>

Signature * _____ Today's Date: _____

Thank you for completing this application. You will be contacted for an interview.