

Background Clearance Application

This application is to be completed by all volunteers who are 18 and older and who will be serving in any capacity that requires a background clearance. This includes the Safety Ministry Team, Children's Ministry, Student Ministry, Elder Board, or Child Safeguarding Committee of First Evangelical Free Church. Please fill this out completely and return to the ministry director.

Full name (with middle initial) _____

Phone number _____ Email _____

Address _____

City _____ State _____ Zip _____

Birthdate _____ Gender: _____ When did you start attending FEFC? _____

- Single
- Married
- Divorced
- Widowed

Have you ever been known by a different name (including maiden name)? Yes No
If yes, please state all names:

Place of employment _____

Boss or supervisor _____
Name Address Phone

Previous church _____
Name Address Phone

Please provide two other references (not relatives)

(1) _____
Name Relationship Address Phone

(2) _____
Name Relationship Address Phone

Please turn over →

- Yes No Have you ever been convicted of, pleaded guilty to, pleaded no contest to, or are there any charges pending against you concerning any crime?
- Yes No Have you ever abused a minor or engaged in any conduct that could be regarded as child abuse or neglect, including but not limited to murder, abduction for immoral purposes, sexual assault, taking indecent liberties with children, neglect of children, obscenity offenses, or similar moral impropriety involving children.
- Yes No Because we take very seriously our responsibility to protect the children who participate in our programs and use our facilities, as part of our background check on applicants, we reserve the right to consult the National Crime Index Service, Central Criminal Records Index and national child abuse databases, as well as local law enforcement officials and child protective services. Do you have any reason to believe that such a background check on you would disclose any negative information?
- Yes No Do you possess any traits or tendencies or are there any other circumstances that might be relevant to our assessing your fitness for working with our children and youth?
- Yes No Have you at any time during the past five years viewed, or participated in the creation, dissemination, or transmission of, or otherwise used, child pornography?
- Yes No Have you ever been treated for a psychiatric disorder?

If the answer to any of these questions is "yes," please explain in detail on an attached separate sheet.

The information contained in this application is true, correct, and complete, to the best of my knowledge. I consent to and authorize First Evangelical Free Church to obtain any consumer reports, investigative background reports, criminal record checks, and social media checks that may include information about my character, general reputation, personal identity verification, non-expunged criminal records, civil cases, motor vehicle records, child abuse records, or sex offender registries. I understand that First Evangelical Free Church will keep this information confidential, except for the disclosure of illegal or potentially harmful activity to the proper authorities.

I authorize First Evangelical Free Church to contact any references or organizations listed in this application and I authorize such references or organizations to give to First Evangelical Free Church, its employees, and/or agents any information they may have regarding my character and fitness for working with children and/or youth. I release First Evangelical Free Church, its employees, its agents, and all such references and organizations from any and all liability for any damage that may result from furnishing such evaluations to First Evangelical Free Church, its employees, and/or agents, and I waive any right that I may have to inspect references provided on my behalf.

I agree to refrain from all illegal and improper conduct in the performance of my services on behalf of First Evangelical Free Church.

Signature _____ Date _____