

CONFIDENTIAL

_____ **CHURCH**
APPLICATION FOR MINISTRY SERVICE
BACKGROUND ADDENDUM

CONFIDENTIAL

This application is to be completed by all those desiring a ministry position that may involve contact with minors. 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.

Date _____

Name _____ Social Security # _____
Last First Middle

Address _____ How long at this address? _____
Street City State Zip

Former residences (last five years) _____

Home Phone _____ Work Phone _____ Best time to call _____

Birth Date _____ Sex _____ Marital Status: Single ___ Married ___ Spouses Name _____

Citizenship _____ Drivers License # _____ State _____ Expiration Date _____

Other Names (e.g. maiden, aliases, former names) _____

Children (Names & Ages) _____

Occupation _____ Employer _____ How Long? _____

Previous Employers / How Long? (last five years) _____

Member of _____ Church? No ___ Yes ___ Date Joined _____ Plan to Join _____

The questions listed below are part of the interview process in order to help provide a safe and secure environment for everyone. All information is held strictly confidential. Answering "yes" to any of these questions may not necessarily preclude your involvement in ministry at _____ Church. Thank you for understanding.

		Yes	No
Have you had any painful experience in your life that may hinder you from a productive ministry with children or youth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted for the use or sale of drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you habitually or excessively use alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you use illegal or impairing drugs or a controlled substance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been hospitalized or treated for alcohol or substance abuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of any sexually related crimes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of any abuse related crimes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever entered a plea of no contest or guilty to any criminal offense?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been involved in physical abuse or neglect of a minor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been involved in sexual abuse or exploitation of a minor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been involved in emotional abuse or deprivation of a minor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever allowed a minor to participate in illegal or immoral activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have your parental rights ever been limited or terminated by a juvenile court?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has your driver's license ever been suspended or revoked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there any fact or circumstances involving you or your background that would call into question your ability to work with children or youth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any physical, mental, or medical impairments which would interfere with your performing any kind of work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "yes" to any of the above questions, please explain _____

If you would like to meet with a pastor regarding any of the above circumstances, please indicate here.

List three local personal references who are familiar with your character (must be 18 years of age or older and not related to you)

Name _____	Phone _____
Address _____ <small>Street City State Zip</small>	Relationship _____
Name _____	Phone _____
Address _____ <small>Street City State Zip</small>	Relationship _____
Name _____	Phone _____
Address _____ <small>Street City State Zip</small>	Relationship _____

Applicant's Statement

The information contained in this application is true and correct to the best of my knowledge. I authorize any references, churches and/or other organization listed in this application to release information (including opinions) they may have regarding my character and ability to work with children/youth. I release all such references from any liability or damage that could result from furnishing such information to you, provided they do so in good faith and without malice. I waive any right to inspect references provided on my behalf.

Should my application be accepted, I do agree to follow the policies of _____ Church and to refrain from any unscriptural conduct in the performance of my services on behalf of _____ Church.

I understand that the personal information on this application will be held as confidential.

Applicant's signature: _____ Date _____

provides these as a convenience for its churches but directly states to you, the user that Transformation Ministries is not providing these to you as legal advice or even a substitute for legal advice. Use of these samples is at your own risk. Laws change and best practices change, sometimes rapidly. It is your church's responsibility to stay abreast of changes in laws and best practices. It is recommended you always consult with your attorney and/or CPAs part of the process of developing your policies and procedures.