

PRIMARY SCREENING FORM FOR EMPLOYEES AND VOLUNTEERS

This application is to be completed by all applicants for any position volunteer or paid. This is not an employment form. Persons seeking a position in the church as a paid employee may be required to complete an employment application in addition to this screening form. This form is used to help Church on the Rock Homer provide a safe and secure environment for those children and youth who participate in our programs and use our facilities. Your responses will be confidential and only be made available to the appropriate ministry leaders to evaluate your application and/or comply with applicable legal requirements.

Full Name _____

Date of Birth _____

Gender _____

Complete Physical Address _____

Mailing Address (*if different*) _____

Home Phone _____

Cell Phone _____

Email _____

Current Driver's License # _____ State _____

What ministry do you wish to participate with?

When would you be available to start?

What do you anticipate is the duration of your commitment to ministry at COTRH?

Have you ever been accused, plead guilty, or convicted of a criminal or civil offense? If so, please explain.

Have you ever been accused, plead guilty, or convicted of a crime involving a minor? If so please explain.

Were you ever a victim of abuse while a minor?

Applicants may decline answering this question or may request to discuss the answer in private with a pastor rather than on this form. Not answering does not automatically disqualify an applicant from ministry.

Do you use drugs, alcohol, or tobacco?

Do you have any known communicable diseases?

CHURCH AND MINISTRY HISTORY

How long have you attended COTRH? _____

Are you a member of COTRH? _____

Have you received Jesus Christ as your Savior and been baptized?

Do you have any ministry training that has equipped you for Christian Ministry? If so, please describe.

Please list the churches you have attended and the ministry organizations in which you have participated within the last five years beginning with the most recent.

Church / Ministry Name _____

Contact Information _____

Nature of Involvement _____

Dates Attended _____

Church / Ministry Name _____

Contact Information _____

Nature of Involvement _____

Dates Attended _____

Church / Ministry Name _____

Contact Information _____

Nature of Involvement _____

Dates Attended _____

PERSONAL REFERENCES (Non-relative whom you have known for more than one year)

Name _____

Contact Information _____

Relationship _____

Name _____

Contact Information _____

Relationship _____

PERMISSION TO OBTAIN A BACKGROUND CHECK

Notice, Authorization and Release for the Procurement of a Consumer and/or Investigative Consumer Report

This form authorizes Church on the Rock Homer to obtain background information and must be completed by the applicant. Church on the Rock Homer must keep this completed form on file for at least two years after requesting a background check.

I, The undersigned applicant, authorize Church on the Rock Homer through its independent contractor, SecureSearch, to procure background information (consumer report and/or investigative consumer report) about me. I understand that this authorization and release is valid for future background information requests during my period of service with Church on the Rock Homer. These above-mentioned reports may include: My driving history, including any traffic citations; a social security number trace; present and former addresses; criminal and civil history/ records; or any other public record.

I further authorize any person, business entity or governmental agency that may have relevant information to disclose it to Church on the Rock Homer through SecureSearch, including any courts, public agencies, law enforcement agencies, and credit bureaus.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my written request to Church on the Rock Homer, if such is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

Signature _____ Date _____

I authorize Church on the Rock Homer to renew my background check every three years if I am still serving

Identifying Information for Background Information Agency (Consumer Reporting Agency)

Printed Full Name _____
First Middle Last

Other Names Used (alias, maiden, nickname) _____

Current Address _____
Street/P.O. Box City State Zip Country Dates

Former Address _____
Street/P.O. Box City State Zip Country Dates

Social Security Number* _____ Daytime Telephone _____

Driver's License Number _____ State _____

Date of Birth _____ Gender _____

** If you would prefer Church on the Rock Homer to not directly access your background check, you can supply an official, original sealed copy of your background check.*

APPLICANT'S STATEMENT

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 any information and opinions that they may have regarding my character or fitness for ministry. IN consideration of the receipt and evaluation of this application, I hereby release any individual, church, organization, charity, employer, reference, district, camp or any person, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or 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 and 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 By-laws and polices of Church on the Rock Homer and to refrain from unscriptural conduct in the performances of my service of behalf of the church. If at any time I find that for any reason I am unable to support the purpose, policies, procedures or statement of faith of Church on the Rock Homer Homer, I will resign from by volunteer position or face potential disciplinary action including dismissal.

I understand that my acceptance into any ministry position at Church on the Rock Homer is on a volunteer basis, and unless otherwise guaranteed in writing, will be without pay, benefits, or compensation of any kind.

I further state that I HAVE CAREFULLY READ THE FORGOING RELEASE AND KNOW THE CONTENTS THEREOF. 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 _____

I have fully read, understood, and agree to carry out ministry to minors in a way consistent with Church on the Rock Homer's Abuse Prevention Policy.

Applicant's Signature _____ Date _____