



SERVICE WITH MINORS APPLICATION FORM

PERSONAL INFORMATION:

Name: _____

Present Address: _____ City: _____

State: _____ Zip: _____ Home Phone # _____

Email: _____ Cell Phone # _____

CHURCH VOLUNTEER QUESTIONNAIRE:

YES NO Are you a member of Hope Evangelical Free Church (HEFC)?

YES NO Do you agree with the HEFC Statement of Faith and to uphold these beliefs as a Church volunteer (or paid child care staff) working with children or youth?

The following policies reflect our commitment to provide protective care of all children, youth, and volunteers who participate in Church sponsored activities.

- 1) Adults who have been convicted of either child sexual or physical abuse should not volunteer service in any Church sponsored activity or program for children or youth
- 2) Adult survivors of childhood sexual or physical abuse need the love and acceptance of this Church family. Individuals who have such a history should discuss their desire to work with children or youth with one of the pastoral staff prior to engaging in any volunteer or paid service.
- 3) All adult volunteers must observe the "2 adult" rule. This requires that adults are never alone with children or youth without another adult present.
- 4) Adult volunteers should immediately report any behaviors which seem abusive or inappropriate to their supervisor.

YES NO As a Church volunteer (or paid worker), do you agree to observe all Church policies regarding working with children or youth?

YES NO Have you ever been convicted of, accused of, charged with, or participated in any type of sexual misconduct? (If yes, please describe on a separate piece of paper).

YES NO Is there any painful life experience you had as a child/minor which could hinder you from productive ministry with children or youth at Hope Church?

YES NO Have you ever been convicted of or pleaded "guilty"/"no contest" to a crime? (If your answer is yes, please describe on a separate piece of paper).

REFERENCES (PASTOR OR CHURCH LEADER AND PERSONAL, NOT A RELATIVE)

Name: _____ Name: _____

Position/Relationship: _____ Position/Relationship: _____

Address: _____ Address: _____

Telephone # _____ Telephone # _____

Email _____ Email _____

I have read the above policy and agree to observe the safeguards listed

Signature: _____ **Date:** _____

Telephone # _____ Email _____

(Form Cont'd Below)

DISCLOSURE AND AUTHORIZATION - BACKGROUND INVESTIGATION

In connection with my application for employment or to serve as a volunteer with Hope Church ("Client"), I understand that an "investigative consumer report", as defined by the Fair Credit Reporting Act (15 U.S.C. § 1681), 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. The report may also contain information about me relating to my criminal history, driving and/or motor vehicle records, social security number verification, verification of education or employment history 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. Client also reserves the right to share my report with any third-party with whom I will be placed to work or volunteer with as a representative of Client. I understand that I have the right, upon written request made within a reasonable amount of 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, please see www.protectmyministry.com.

ACKNOWLEDGEMENT AND AUTHORIZATION

By signing below, I authorize Client or its authorized agents to obtain or prepare consumer reports or investigative consumer reports about me. I acknowledge receipt of a copy of the federal notice entitled A Summary of Your Rights under the Fair Credit Reporting Act and certify that I have read this Disclosure and Authorization as well as the summary document explaining my rights under the Fair Credit Reporting Act.

SIGNATURE

TODAY'S DATE

LAST NAME

FIRST NAME

MIDDLE NAME/INITIAL

HOME ADDRESS

CITY

COUNTY

STATE

ZIP

SSN

D/L OR STATE ID

STATE ISSUED

EMAIL ADDRESS

For identification purposes only, please provide FULL DOB: _____

Please List Other Names Used _____