



CONFIDENTIAL

First Presbyterian Church – Children’s Ministries Department
Adult Volunteer Application

Background Check Authorization

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: _____ DOB: _____

Telephone Number: _____

Drivers License Number/State: _____

E-Mail: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize **(Your Name)** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **(Your Name)** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

**** (Your Name)** and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ Date: _____

Notice to California, Minnesota and Oklahoma Residents:
Please check the box below if you wish to receive a copy of a consumer report that is requested.
 I wish to receive a copy of any Background Check Report on me that is requested.



Is there anything in your life that would hinder your interaction and service with children?
 (drunk driving, felony conviction, volatile temper, being abused or abusing others, etc.) _____ Y _____ N

If you are unsure of how to answer this question, please feel free to discuss your situation with the Children's Ministry staff. This discussion will be held in the strictest confidence. Please explain any reason that might hinder your service to children:

List previous experience involving children. _____

Community/Child CPR _____ Standard First Aid _____ Special Driver's License _____

Do you have any other skills you wish to mention?

Are you a Christian? _____ When did you accept Christ as your personal savior? _____

What are you doing to continue to grow spiritually? _____

Do you attend FPC? ___yes ___no If so, how long have you been attending FPC? _____

List other churches you have attended during the past five years (if applicable):

1. _____

Church Name

Phone Number _____

Years Attended _____

Contact Person _____

2. _____

Phone Number _____

Years Attended _____

Contact Person _____

References

Please provide at least two references whom we may contact.

1. _____

Name

Phone Number _____

Relationship To You _____

Address _____

2. _____

Name

Phone Number _____

Relationship To You _____

Address _____



What are your strengths that you would bring to this position?

What might be your weakness in doing this job that you would appreciate encouragement and support in?

What age child is your favorite to work with and why?

Is there any other information you would like to include in this application?

APPLICANT'S STATEMENT

I agree to abide by the Policies and Procedures of FPC and as my witness to Jesus as Lord, I shall model a Christian lifestyle as found in the Scriptures. I also understand that I am requested to attend three (3) training sessions throughout the school year. I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may be terminated at any time without any previous notice.

Date: _____

Signature: _____