Team Member Application and Screening for Children, Youth, or Adult Workers

The Bridge Community Assembly of God Church

This application is to be completed by all applicants for any position (volunteer or compensated) involving the supervision or custody of minors, use and/or responsibility of church vehicles and resources, interaction with sensitive or confidential information, and the handling of money. This form is being used to help The Bridge Community Assembly of God Church provides a safe and secure environment for all who participate in our ministries and use our facilities. This form gives The Bridge Community Assembly of God Church the right to run a comprehensive background screening on the applicant and renew the screening whenever necessary.

CONFIDENTIAL

(This form will be viewed only the the Pastors and Church Officers, and will remain secured and confidential)

Date:					
Full Names				Divide deter	
Full Name: Last		First	Full Middle	Birthdate: _	
Present Addres	ss:				
Trosene / tadros	Number	Street	City	State	Zip
Gender: Male	Femal	e			
Day Phone #: _			Cell Phone #:		
Email:					
Social Security	Number:				
Do you have a	current Driver's Lic	cense? Yes No	If yes, list the state, licens	e number and expiration	on date:
			number and a state driver's		
Please list any	addition address w	where you have lived with	nin the past 5 years.		
Address:	mber	Street	City	State	Zip
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Address: Nu	mber	Street	City	State	Zip
Address: Nu	mber	Street	City	State	Zip
Address:			·		•
	mber	Street	City	State	Zip

CHURCH HISTORY and PRIOR CHURCH WORK

Have you been attending The Bridge Community Church for at least the last 6 months? Y/N

List name and address of other churches you have attended regularly during the past five years, if different from present home The Bridge: List all church work involving similar responsibilities you have been involved in during the past five years (identify church, work performed, and dates): List any gifts, callings, training, education or other factors that have prepared you for children/youth work: When and where did you receive Jesus as your personal Lord and Savior? ________ Have you ever been convicted of or pleaded guilty to a crime? Yes _____ No ____ If yes, please explain in detail (attach a separate page). Have you ever been convicted of child neglect, child abuse or a crime involving actual or attempted sexual molestation of a minor? Yes _____ No ____ If yes, please explain in detail (attach a separate page). Are you presently dependent upon illegal substance/drugs? Yes _____ No ____ Have you ever been hospitalized or treated for alcohol or substance abuse? Yes _____ No ____ Have you ever been arrested or convicted for the sale of drugs? Yes _____ No ____

PERSONAL REFERENCES

(not family members or relatives)

Applicant's Name (Please Print):						
Name:						
Address:						
Phone #:						
How long have they known you?						
Name:						
Address:						
Phone #:						
How long have they known you?						
INSTITUTIONAL REFERENCES (If Applicable) (organizations that you have worked with minors with)						
(organizations that you have worked with minors with)						
(organizations that you have worked with minors with) Organization:						
(organizations that you have worked with minors with) Organization: Address:						
(organizations that you have worked with minors with) Organization: Address: Phone #:						
(organizations that you have worked with minors with) Organization: Address: Phone #: How long did you work there?						
(organizations that you have worked with minors with) Organization: Address: Phone #: How long did you work there?						
(organizations that you have worked with minors with) Organization: Address: Phone #: How long did you work there? In what capacity?						
(organizations that you have worked with minors with) Organization: Address: Phone #: How long did you work there? In what capacity? Organization:						
(organizations that you have worked with minors with) Organization:						

APPLICANT'S STATEMENT

The information in this application is correct to the best of my knowledge. I authorize any references or Churches listed in this application to give you any information (including opinions) that they may have regarding my character and fitness from children/minor work. I hereby release all such references from any liability for furnishing such evaluations to you, provided they do so in good faith and without malice. I waive any right that I may have to inspect references provided on my behalf. I further authorize The Bridge Community Assembly of God Church to conduct a criminal background investigation if such a check is deemed necessary.

Should my application be accepted, I agree to be bound by the bylaws and policies of The Bridge Community Assembly of God Church and to refrain from unscriptural conduct in the performance of my services on behalf of the ministries of The Bridge Community Assembly of God Church.

Applicant's Signature:	 	
Date:	 	
Witness:	 	
Date:	 	

Carefully complete this form, answering every question and filling in every request for information, and return it to:

The Bridge Community Church 8776 James Madison Hwy Warrenton, VA 20186 540-341-7409