

ADULT SCREENING APPLICATION

This form is to be completed by all applicants for any position involving the supervision of minors. It is used to help the church provide a safe and secure environment for those children who participate in our programs and use our facilities. Each applicant will be required to undergo fingerprinting and a criminal background check prior to interaction with minors. **All information is confidential.**

PERSONAL INFORMATION:

Last Name: _____ First: _____ Middle: _____

Date of Birth: _____ Male Female

Place of Birth: (City, State): _____

Social Security Number: _____

Driver's License Number: _____

How long have you lived in Arizona? _____ Previous State: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____ Work Phone: _____

Email: _____

REQUEST FOR CRIMINAL RECORDS CHECK AND AUTHORIZATION:

I hereby authorize any Law Enforcement Agency to release any information which pertains to any record of convictions in its files or in any criminal file maintained on me, whether local, state or national. I hereby release said Agency from any and all liability resulting from such disclosure. In addition, I authorize Living Streams Church to use said information as a basis for evaluating my request to serve in the children's/youth ministries.

Print Name: _____

Maiden Name (if applicable): _____

Print all Aliases: _____

Signature **Date**

TWO PERSONAL REFERENCES:

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

