



Background Packet

Name: _____

I have done my observations and I am applying for:

 CLUB 56

 ACTIVATE

 *Activate Upland*

Church office Monday-Friday 9a-5p

-Administrative Office address: 14418 K Miller Ave. Fontana, CA 92336

The following questions are designed to give us information, which will assist us in filling available ministry positions. We are not looking for professionals, but rather individuals with a strong commitment to ministry and a growing faith in Jesus Christ.

MINISTRY INFORMATION

1. What prompted you to serve with students? _____

2. Do you have any other experience working with pre-teens/teens? Y / N
If yes, please explain: _____
3. Please list any special abilities, gifts, talents, hobbies or interests you would like to share in our ministry: _____

PERSONAL, SPIRITUAL AND MINISTRY BACKGROUND

1. Have you accepted Jesus as your Lord and Savior? Yes No
If yes, when? _____ (date/age)

Have you been baptized? Yes No Age or Year _____
2. Do you attend weekend services at Water of Life? Yes No
Attending since _____ (mm/yy) Service Time Regularly Attended _____
3. Are you involved in a Small Group at Water of Life? Yes No
Leader's Name _____
4. List other churches you have been involved with in the last five years (name and city):

5. Do you agree to all the statements of WOL's Statement of Faith? Please initial _____
(SOF document is attached to application)
If not, please explain:

6. Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Y / N
If no, describe the functions that cannot be performed: _____

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

WATER OF LIFE COMMUNITY CHURCH STATEMENT OF FAITH

- ___ initial **WE BELIEVE** that there is one living and true God, eternally existing in three persons, the Father, the Son and the Holy Spirit. Equal in power and in glory, this triune God created all, upholds all and governs all.
- ___ initial **WE BELIEVE** that the scriptures of the Old and New Testaments are the Word of God, fully inspired without error in the original manuscripts and the infallible rule of faith and practice.
- ___ initial **WE BELIEVE** in JESUS CHRIST, God's only begotten Son, conceived by the Holy Spirit. We believe in His virgin birth, sinless life, miracles and teaching, His substitutionary atoning death, and bodily resurrection, ascension into heaven, perpetual intercession for His people and personal, visible return to earth.
- ___ initial **WE BELIEVE** in the HOLY SPIRIT, who came forth from the Father and Son to convict the world of sin, righteousness, and judgement, and to regenerate, sanctify and empower for ministry all who believe in Christ. We believe the Holy Spirit indwells every believer in Jesus Christ and that He is an abiding Helper, Teacher and Guide. We believe in the present ministry of the Holy Spirit and in the exercise of all the Biblical gifts of the Spirit.
- ___ initial **WE BELIEVE** that all MEN are sinners by nature and choice and are therefore under condemnation, that God regenerates by the Holy Spirit those who repent of their sins and confess Jesus Christ as Lord; that Jesus Christ baptizes a seeking believer with the Holy Spirit with power for service, often subsequent to regeneration.
- ___ initial **WE BELIEVE** in the universal CHURCH, the living spiritual body of which Christ is the Head and all regenerated persons are all members.
- ___ initial **WE BELIEVE** that the Lord Jesus Christ committed two ORDINANCES to the Church, Baptism and the Lord's Supper. We believe in baptism by immersion and that communion is open to all believers. We believe also that we may use the laying on of hands for the baptism of the Holy Spirit, for ordination of pastors, Elders and deacons, and for receiving gifts of the Spirit or healing.
- ___ initial **WE BELIEVE** in the personal, visible RETURN OF CHRIST to earth and the establishment of His Kingdom; in the resurrection of the body, the final judgment and eternal blessing of the righteous and endless suffering of the wicked.
- ___ initial **WE BELIEVE** in what is termed "The Apostles Creed" as embodying fundamental facts of Christian faith. The Apostles Creed was foundational to the early church and is often found today in its entire form in the back of hymnals.

LEGAL / LIFESTYLE INFORMATION

Because of our commitment to God and unconditional devotion to one another we unapologetically seize every opportunity to make the conditions right so God can give the growth, spiritually, and emotionally. The following questions are not ones that we like to ask but ones we need to ask in order to continue to protect the emotional and spiritual environment of this ministry.

1. Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? Y / N
(Convictions for misdemeanor marijuana-related offenses that are more than two years old need not be listed.)

If yes, state nature of the crime(s), when and where convicted, and disposition of the case:

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

2. Have you ever been convicted of a felony, child abuse, or a crime involving actual or attempted sexual molestation of a minor? Y / N

If yes, please explain: _____

3. Have you ever been convicted of a traffic offense? Y / N

If yes, describe all convictions for the past five years: _____

REFERENCES

Please list two personal references, who have known you for more than a year.
Do not use relatives or employers.

Name	Home Phone
Cell Phone	E-mail

Name	Home Phone
Cell Phone	E-mail

APPLICANT'S STATEMENT

I agree to uphold the policies of Water of Life Community Church, follow its leadership, attend training when offered, and be faithful to my commitment to minister to students. I also agree to remain consistent with the beliefs of Water of Life Community Church as I interact with youth on doctrinal issues, and maintain a growing relationship with Christ.

The information contained in this application is correct to the best of my knowledge. I understand that Water of Life Community Church will make every attempt to keep this information confidential and will not share any information received as a result of a background check with any other agencies or companies, unless subpoenaed by a court of law.

Background checks are contracted for a fee by a third party service. **Water of Life Community Church does not receive copies of credit reports and cannot provide an applicant a copy of their credit report.**

Applicant's Signature

Date

*A copy of **Photo Identification is required** to be on file with this application. **Please attach** a clearly visible photo (enlarged & lightened copy) of your Driver's License upon completion.

A SUMMARY OF YOUR RIGHTS under CALIFORNIA LAW

Under California Law, you are entitled, upon presentation of proper identification (*), to find out from an investigative “consumer reporting agency” (“CRA”) what is in your file, as follows:

1. In person, by visual inspection of your file during normal business hours and on reasonable notice;
2. By obtaining a summary of it via telephone call, if you have made a written request, with proper identification, for telephone disclosure and the toll charge, if any, for the telephone call is prepaid by you or charged directly to you; or
3. By requesting in writing, with proper identification, that a copy of it be sent to a specified addressee by certified mail.

Investigative CRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the investigative CRAs. You also may request a copy of the information in person. The CRA may not charge you more than the actual copying costs for providing you with a copy of your file. The investigative CRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An investigative CRA may require you to furnish a written statement granting permission to the CRA to discuss your file in such person’s presence.

(*) the term “proper identification” as used above shall mean that information generally deemed sufficient to identify a person. Such information includes documents such as a valid driver’s license, social security account number, military identification card, and credit cards. Only if the consumer is unable to reasonably identify himself with the information described herein, may an investigative CRA require additional information concerning your employment and personal or family history in order to verify your identity.

FOR QUESTIONS OR CONCERNS REGARDING

CRA’s and creditors

CRA’s and creditors

PLEASE CONTACT

California Attorney General’s Office Public Inqui
Box 944255 Sacramento, CA 94244-2550 * 800-9

California Department of Consumer Affairs 400 I
1080 Sacramento, CA 95814 * 800-952-5210



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WATER OF LIFE COMMUNITY CHURCH | 7623 – 7625 EAST AVENUE | FONTANA, CA 92336
| (909) 463 - 0103

DISCLOSURE and AUTHORIZATION TO OBTAIN INFORMATION

In connection with my suitability for employment or service with Water of Life Community Church, (herein “Client”) or if employed, I understand that prior to or at any time after my employment commences a consumer report may be requested for employment/volunteer purposes from Protect My Ministry, Inc., (herein: “Protect My Ministry”) from public records including; but not limited to, Social Security number, motor vehicle operation history/driving records, workers’ compensation information and criminal history to the extent permitted by law from various local, state, and federal agencies. Further, I understand that an Employment Credit Report may be requested. Finally, I understand that an Investigative Consumer Report may be requested and, as required under §606(a)(1) of the federal Fair Credit Reporting Act (FCRA), IS U.S.C. §1681 et seq., I understand that this Report will include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance, experience, along with reasons for termination of past employment, whichever are applicable, obtained through personal interviews with associates who have knowledge concerning such items of information.

I VOLUNTARILY AND KNOWINGLY AUTHORIZE ANY PRESENT OR PAST EMPLOYER OR SUPERVISOR, COLLEGE OR UNIVERSITY OR OTHER INSTITUTION OF LEARNING, ADMINISTRATOR, LAW ENFORCEMENT AGENCY, STATE AGENCY, LOCAL AGENCY, FEDERAL AGENCY, CREDIT BUREAU, PRIVATE BUSINESS, MILITARY BRANCH OR THE NATIONAL PERSONNEL RECORDS CENTER, PERSONAL REFERENCE, AND/OR OTHER PERSONS TO GIVE RECORDS OR INFORMATION THEY MAY HAVE CONCERNING MY CRIMINAL HISTORY, MOTOR VEHICLE HISTORY/DRIVING HISTORY, SOCIAL SECURITY NUMBER, EARNINGS HISTORY, CHARACTER, GENERAL REPUTATION, MODE OF LIVING, AND EMPLOYMENT (INCLUDING REASONS FOR TERMINATION), CREDIT HISTORY, CREDIT CAPACITY, OR CREDIT STANDING OR ANY OTHER INFORMATION REQUESTED BY PROTECT MY MINISTRY DEEMED PERTINENT TO MY EMPLOYMENT.

In accordance with the FCRA and applicable state laws, I understand that I have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested. Further, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Reporting Agency. If so, I will be so advised in writing and be given the name, address and toll free number of the agency, a statement that the action was based in whole or in part on information contained in the Report, and written notice that I have the right (i) if I request, to obtain within sixty days a free copy of the Report from the Reporting Agency (under no circumstances shall such cost exceed the actual costs of duplication), and from any other Consumer Reporting Agency which compiles and maintains files on consumers on a nationwide basis; and, (ii) to dispute the accuracy or completeness of any information in a consumer report furnished by the Reporting Agency. I understand that upon my request with reasonable notice and after furnishing proper identification, Protect My Ministry’s trained personnel will provide me with investigative information in my file during normal business hours in person or upon written request, by certified mail to a specified addressee, or

telephone as permitted by law. Further, I understand that should I wish to review my file in person; I am permitted to be accompanied by one other person of my choosing who shall furnish reasonable identification and if requested, Protect My Ministry will provide a written explanation of any coded information contained in my file. I understand that Protect My Ministry is a Consumer Reporting Agency and it is Protect My Ministry's policy to not be involved in or make hiring decisions or recommendation.

Protect My Ministry's privacy policy limits the information it provides to the client named herein, however I hereby authorize the client to share such information with parties in interest who have a "need to know" such information to protect them and their employees. Protect My Ministry does not sell or otherwise provide any of the information found in its background investigations to any other party other than the client.

Consumer Reporting Agency contact information Protect My Ministry 14499 Dale Mabry Hwy, Suite 201 South, Tampa FL 33618 Phone: 800-319-5581 Fax: 800-319-5582 www.protectmyministry.com



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BACKGROUND RELEASE INFORMATION

The following must be filled out completely and signed for your application to be considered (Please Print)

FULL LEGAL NAME (First, Full Middle Name, Last Name)

STREET ADDRESS

CITY STATE ZIP

SOCIAL SECURITY NUMBER DATE OF BIRTH // //

DRIVER'S LICENSE NUMBER or STATE ID ISSUING STATE

OTHER OR FORMER NAMES (AKA, Maiden Names, Married Names, Surnames, Etc.)

For residents of California only:

I acknowledge receipt of a copy of California Summary of Rights under CA law 1786.22. I wish to receive a Report on me that is requested.

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AUTHORIZATION

I hereby authorize Water of Life Community Church 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 Water of Life Community Church 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.

**Water of Life Community Church 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.

The information contained in this application is correct to the best of my knowledge.

Signature: _____ Date: _____



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