

- 1) Is there any reason, including those that are physical or mental health related, that might keep you from effectively working with children/youth or that might cause a child/youth potential harm? *If yes, explain.* no yes
- 2) Have you ever been charged with, indicted for, or pled guilty to an action prohibited by the Texas Family Code, or a similar code in any state? *If yes, explain.* no yes
- 3) Are you using illegal drugs? no yes
- 4) Have you ever gone through treatment for alcohol or drug abuse? *If yes, explain.* no yes
- 5) Have you ever been arrested and/or convicted of a crime? *If yes, explain.* no yes
- 6) Have you ever had sexual relations with a minor after you became an adult? no yes
- 7) Have you ever been accused or convicted of any form of child abuse? *If yes, explain.* no yes
- 8) Have you ever been a victim of any form of child abuse? no yes
- 9) If yes, would you like to speak to a counselor or pastor? no yes
- 10) Have you ever been known by any other name (including maiden name)? *If yes, please list all other names:* _____

If you were personally a victim of child or sexual abuse, we require that you make this information known to the Senior Pastor and/or the Pastoral Staff of your proposed area of ministry in the Church. Admitting you were a victim will not automatically disqualify you from service. Your confidence will be respected and appreciated.

The information contained in this application is correct to the best of my knowledge. I authorize the Church to obtain information from the references and churches listed herein. I also authorize any references or churches listed in this application to give the church any information, including opinions, that they may have regarding my character and fitness for children’s work. In consideration of the receipt and evaluation of this application by the Church, I hereby release any individual, church, children’s organization, charity, employer, reference, or any other person or organization, both collectively and individually, from any and all liability for damages of whatever kind or nature which may result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

Should my application be accepted, I agree to be bound by the Bylaw’s and Policies of the Church, and to refrain from unscriptural conduct in the performance of my services on behalf of the Church.

I understand that the Church desires to protect the children/youth they serve and therefore give my permission for the Church leadership to conduct a criminal background check on me.

I further state that I have carefully read the forgoing release and know the contents thereof and sign this release as my own free act.

Applicant’s Signature

Date

Pastor’s Signature

Date