



FCF YOUTH

Why Does FCF Require Volunteer Applications?

By implementing a screening process, we can demonstrate that our church has acted with reasonable care to select appropriate workers. In a culture that is quick to file lawsuits and make public accusations, we've been advised by our insurance provider that churches that screen their volunteers are in a better position to reduce their liability risk than those that have not.

Understand... we aren't screening because we expect to find anything detrimental or because we don't trust you, but simply because it is a sound practice and helps to reassure parents, members of our church, and new attenders of our church's commitment to safety and integrity.

At Faith Community, we have a comprehensive screening process for all volunteers who interact with children in our nursery through high school. For adults, this includes a background check, including identity verification and a national criminal / multi-state sex-offender search.

What we are doing as volunteers has eternal significance, so a screening process to ensure the safety and well-being of our children, our families, and our church as a whole is a logical place to start.

If you have any questions, please contact me, 669-2182;
todd@faithcommunityfellowship.com

Thank you for your willingness to be a part of this process.

Todd Crosthwaite
Co-Pastor





Children's Ministry Volunteer Application



Personal Information

Name _____

Address _____

City/Town _____ Zip _____

Phone _____ Cell _____

Email _____

Marital Status (*circle*) Single Married Widowed Separated Divorced

Children's names & ages: _____

Will your spouse and family be supportive of your involvement in this ministry? Yes No

Education & Employment History

High School _____ Year Graduated _____

College _____ Year Graduated _____

Last year completed: (*circle*) 1 2 3 4 5 Major _____

Do you plan to pursue further education? Yes No

Present Employer _____

Occupation/Type of work _____

Address _____

Phone _____ Typical hours _____

Church Background

How long have you attended FCF? _____

List responsibilities you now have at FCF? _____

Describe your relationship with Jesus Christ: _____

Why do you want to volunteer for children's ministry? _____

What other organizations or programs are you involved in? _____

Briefly describe your volunteer experience: _____

Last church you attended regularly:

Name of Church _____

Address _____

Dates _____ Pastor's name _____

Ministries you were involved in _____

Confidential Background Information

Have you ever been formally accused of child abuse? Yes No

Have you ever received psychiatric care? Yes No

Have you ever been convicted of a felony? Yes No

If you circled "Yes" on any of these questions, we may ask for more information.

References:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Applicant's signature _____ Date _____

Permission to Obtain a Background Check

*(This form authorizes the church to obtain background information and must be completed by the applicant.
The church must keep this completed form on file for at least two years after requesting a background check.)*

I, the undersigned applicant (also known as "consumer"), authorize— **Faith Community Fellowship** through its independent contractor, LexisNexis, to procure background information (also known as a "consumer report and/or investigative consumer report") about me. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and the state sex offender records.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to Faith Community Fellowship, if such is made within a reasonable time from the date it was produced.

I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

Signature: _____

Date: _____

Identifying Information for Background Information Agency (also known as "Consumer Reporting Agency")

Print Name: _____
First Middle Last

Other Names Used (alias, maiden, nickname): _____

Current Address: _____
Street /P. O. Box City State Zip Code County Dates

Former Address: _____
Street /P. O. Box City State Zip Code County Dates

Social Security Number: _____ Daytime Telephone Number: _____

Driver's License Number: _____ State of Issuance: _____ Date of Birth: _____ Gender _____