

MINISTRY BACKGROUND CHECK

KNOW GROW SHOW



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Every adult desiring to work with children and youth within Gateway's ministry programs is required to authorize and pass a criminal history background check. Please complete the entire form and return to your ministry supervisor who will process this information confidentially with the Associate Pastor.

First Name: _____ Middle: _____ Last: _____

Current Address: _____

Your S.S. # _____ - _____ - _____ Your date of birth: ____ / ____ / ____

How long have you attended Gateway Church: _____ years _____ months.

Please write "yes" or "no" to each of the following questions. Have you ever been:

- _____ convicted of any crime against children or other persons?
- _____ convicted of crimes relating to financial exploitation if the victim was a vulnerable adult?
- _____ convicted of crimes related to drugs as defined in RCW 43.43.830?
- _____ found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor?
- _____ found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?
- _____ found in any disciplinary board final decision to have sexually or physically abused or exploited any minor, developmentally disabled person, or vulnerable adult?
- _____ found by a court in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult?

I authorize Gateway Community Church to verify the accuracy of my responses above with the Washington State Patrol as provided by the Revised Code of Washington (RCW) 43.43.830-.845.

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and A SUMMARY OF YOUR RIGHTS UNDER THE STATE OF WASHINGTON FAIR CREDIT REPORTING ACT and certify that I have read and understand all of those documents.

I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by Gateway Community Church at any time after receipt of this authorization and throughout my term of service or employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private) information service bureau, employer, or insurance company to furnish any and all background information requested by First Advantage P. O. Box 105292 Atlanta, GA 30348, 1-800-845-6004, another outside organization acting on behalf of Gateway Community Church, and/or Gateway Community Church itself.

I agree that a facsimile, electronic or photographic copy of this Authorization shall be as valid as the original.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of my application or the discharge from my position.

Should my application be accepted, I agree to be bound by the Articles, by-laws and policies of Gateway Community Church, and to refrain from unscriptural conduct in the performance of my services on behalf of the church.

Applicant signature: _____ Date: _____

Ver. 6-2015

Background Check completed by _____ Date _____