

Foundation Church Safety Application Form for Volunteers and Employees

CONFIDENTIAL

This application should be completed by all applicants for any position (volunteer or employment) involving the supervision of minor children or vulnerable adults, such as elderly or impaired persons. This is not an employment application. The purpose of this form is to assist in the creation of a safe environment for children, students and vulnerable adults who participate in the programs of Foundation Church or use Foundation Church's facilities.

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Drivers License # _____ Social Security # _____ - _____ - _____

Gender: _____ M _____ F Date of Birth: _____

Marital Status: _____ (*single, married, separated, divorced, widowed, etc.*)

Are you a member or regular attender of this church? _____ If so, for how long? _____

How long have you lived at your current address? _____

Previous address: _____

List all other cities and states where you have lived as an adult:

Please list the name, city and state of other churches you have attended regularly during the past 10 years: _____

Please list *all previous church work* involving children, students or vulnerable populations (impaired, adults, special needs individuals etc.). (List each organization's name and city, type of work carried out, & years served.)

Please list *all previous non-church work* involving children, students or vulnerable populations. (List each organization's name and city, type of work carried out, & years served.)

List any talents, vocations, preparation, training or other experiences which have equipped you to work with children, students or vulnerable adults:

RELEASE

I authorize Foundation Church to contact all individuals, organizations and references listed on this **Safety Application Form** in order to verify the information I have provided to the church. I specifically authorize the church to undertake a criminal background check concerning my past.

I understand and agree that any information received from the background check and application verification will not be disclosed to me, and I hereby waive any right I may have to inspect any information provided about me by any person or organization identified by me on this form.

By signing this form, I certify and affirm that the information I have given on this form is true, complete and correct in all respects.

Signature: _____ Date: _____