

**HOPE CHURCH
KIDS MINISTRY APPLICATION**

Date _____

Name _____
First Middle Last

Street Address _____

Apt. No. or Box _____ City _____ State _____ Zip _____

Birth Date: _____ Telephone (Home) _____ Work _____

Cell Phone: _____ E-mail: _____

How would you prefer we contact you? _____

PERSONAL REFERENCES: Please provide the name of one Hope Church attender, and name of person with whom you have previously served. Both should be non-family members and over 18 years old.

Hope Church Name _____

Phone number or email _____

Previously served with _____ at _____

Phone number or email _____

What Hope Church staff member can we contact? Circle at least 2:

Stephen Kirk Jim Dunn Gary Angstadt Bill Craig Jim Tinsley Lindsey Oliva

David Wilson Sharon Mason Theresa Messer Mandy Allender Other _____

CHURCH ACTIVITY:

Do you attend Hope Church? Yes No

If no, what is your home church? _____

If yes, how long have you attended? _____

Are you a member? Yes No

List all previous experience working with children (identify type of work):

List any gifts, callings, training, education, or other factors that have prepared you for children work:

State briefly why you are interested in being involved in Kids' Ministry: _____

Do you have a personal relationship with Jesus Christ? _____ Briefly describe _____

HOPE CHURCH TEACHER'S COVENANT:

Having committed to the ministry of teaching and the habits essential for spiritual maturity, and having attended new teacher orientation, I commit to....

- Prepare for ministry by maintaining my personal relationship with Christ.
- Support the teaching ministry by praying for the church and Kids Ministry Staff, the other teachers, and specifically the children in my class.
- Co-operate with other ministries and place the greater good of the whole body over the needs of my ministry.
- My personal growth and education by participating in teacher training as necessary.

Should my application be accepted, I agree to follow the Policies of Hope Church and to refrain from unscriptural conduct in the performance of my services on behalf of the Church.
I understand that the personal information will be held confidential by the professional church staff.

Applicant's Signature: _____ Date: _____

How to complete this consent form:

1. Applicant/Volunteer enter their *full legal* name. IE: Susan instead of Sue.
2. List any other names as Alias or Maiden names.
3. If applicant has a common name, please include middle initial or full middle name for identification purposes.
4. Social Security Numbers are used *only for address history and alias name information*. It will **not** affect your applicant/volunteer credit score nor will it give your organization credit report information.
5. If you are an employee/potential employee of Hope Church or a volunteer/potential volunteer handling money we may obtain a credit check. This is considered a pre-employment check and will not affect your credit score.
6. Applicant/Volunteer **MUST** sign and date *both pages* of this document.
7. Your signed document is stored in a secure location. It is our legal proof you have given us permission to conduct a background screening on you.

DISCLOSURE AND AUTHORIZATION FOR EMPLOYER TO ACCESS CONSUMER REPORTS

Hope Church, Mason, Ohio

AUTHORIZATION

I hereby authorize, without reservation, the obtaining of “consumer reports” or “investigative consumer” reports by Hope Church at any time after receipt of this authorization and throughout my employment or volunteer service, if applicable. I further authorize and request, without reservation, any present or former employer, school, police department, state or federal agency, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about me to furnish SecureSearch or Hope Church with any and all background information in their possession regarding me, so that my employment/volunteer qualifications may be evaluated and/or reassessed. I also agree that a fax or photocopy of this authorization with my signature should have the same authority as the original.

By signing below, I certify: (1) that I have read and fully understand this disclosure and authorization; (2) that all of the information I am providing is true, complete, correct and accurate; and (3) that I have received the attached Summary of Your Rights under the Fair Credit Reporting Act (15 U.S.C. §1681 et seq.).

*The following is information required in order for **Hope Church** to obtain a complete consumer report:*

FULL LEGAL NAME (First, Full Middle Name, Last Name)	
SOCIAL SECURITY NUMBER	DATE OF BIRTH*
STREET ADDRESS	
CITY, STATE, ZIP CODE	
DRIVER’S LICENSE NUMBER	ISSUING STATE
OTHER OR FORMER NAMES (AKA, Maiden Names, Married Names, Surnames, Etc.)	
_____	_____
CONSUMER’S SIGNATURE	DATE

* This information will be used for background screening purposes only.
Please list all Counties and States you have lived in since the age of 18.

County	State	Name Used in County	Date From	Date To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

DISCLOSURE

In connection with your application for employment or volunteer service with: Hope Church (including any independent contract for services) or when deciding whether to modify or continue your ongoing employment or (if hired) or service, Hope Church may obtain a “consumer report” and/or an “investigative consumer report” on you from **SecureSearch**, a consumer reporting agency, or from any third party, in strict compliance with both state and federal law. A consumer report is a communication of information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used for purposes of serving as a factor in establishing your current and/or continuing eligibility for employment/volunteer purposes. An investigative consumer report is a report obtained through personal interviews with individuals who may have knowledge of your character, general reputation, personal characteristics, or mode of living. The consumer reports or investigative consumer reports may contain information regarding your credit history (if applicable to position), criminal records, driving history records, education records, previous employment history, social security traces, military records, professional licensure records, drug testing, government records, and other types of background information. You further understand that these reports may contain information concerning the reasons for termination of past employment. You are hereby notified that you have the right to make a timely request for the nature and scope of any investigative consumer report. You are further notified that, prior to being denied employment/volunteer service based in whole or in part on information obtained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the consumer reporting agency and a description in writing of your rights under the Fair Credit Reporting Act. Inquiries to **SecureSearch** should be directed to **SecureSearch; Consumer Disputes; 558 Castle Pines Pkwy. #B4-137, Castle Rock, CO 80108. 1 (866) 891 – 1954.**

The following are my responses to questions about my criminal record history (if any) with descriptions to any question with a **YES** answer:

Name: _____

1. Have you ever been convicted or plead guilty before a court of any federal, state, or municipal criminal offense? (Excluding minor traffic violations) Yes No

If Yes, please explain:

2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal criminal offense?

Yes No If Yes, please explain:

3. Have you ever received probation or community supervision for any federal, state or municipal criminal offense?

Yes No If Yes, please explain:

4. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States?

Yes No If Yes, please explain:

5. As of the date of this authorization, do you have any pending criminal charges against you?

Yes No If Yes, please explain:

6. Have you ever served in the US Military? Yes No

7. If you answered YES to the above question, did you receive a DD214?

Yes No If Yes, can you present the document?: Yes No

8. If you answered YES to the above question 6, did you receive an honorable discharge?

Yes No If No, please explain:

Consumer signature

Date