



**Personal**

Name: \_\_\_\_\_  
(first) (middle) (last)

Address: \_\_\_\_\_  
(street) (town) (state) (zip)

How long at this address: \_\_\_\_\_ How long have you lived in Pennsylvania? \_\_\_\_\_

Other states you have lived in? \_\_\_\_\_

Daytime Phone Number : \_\_\_\_\_ Other Phone Number : \_\_\_\_\_

Email address: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security #: \_\_\_\_\_ Do you have a current driver's license? Yes \_\_\_\_ No \_\_\_\_

If yes, please list your driver's license number and state: \_\_\_\_\_ .

Have you ever been convicted of a traffic offense? Yes \_\_\_\_ No \_\_\_\_ . If yes, please describe all convictions for the past five years \_\_\_\_\_

In which ministry / program(s) are you seeking to become involved in? \_\_\_\_\_

What experience, if any, do you have in this specific area of ministry? \_\_\_\_\_

Please list any other ministry experience you have and include where you served: \_\_\_\_\_

**Have you at any time ever:**

- Been arrested for any reason? Yes No
- Been convicted of, pleaded guilty or no contest, to any crime? Yes No
- Engaged in, or been accused of, any child molestation, exploitation, or abuse? Yes No
- Had a problem with drugs, alcohol or controlling your anger? Yes No

**Are you aware of:**

- Having any traits or tendencies that could pose any threat to children, youth, or others? Yes No
- Any reason why you should not work with children, youth, or others? Yes No

If the answer to any of these questions is "yes", please explain in detail:

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## Church Activity

Please list any Churches you have attended in the past 10 years.

Church Name	Pastor's Name	Years Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

**References** Please list 3 references OTHER THAN family OR current MSF staff. **Please help us by filling in all of the reference information requested below.**

Reference #1	Reference #2	Reference #3
Name: _____	Name: _____	Name: _____
Email: _____	Email: _____	Email: _____
Daytime Phone: ( ) - _____	Daytime Phone: ( ) - _____	Daytime Phone: ( ) - _____
***** office use only *****	***** office use only *****	***** office use only *****
Date contacted _____	Date contacted _____	Date contacted _____
Comments _____	Comments _____	Comments _____
_____	_____	_____
Initials _____	Initials _____	Initials _____

Please initial the following statement:

- I have received and read the MSF ministry manual : \_\_\_\_\_  

initials
date

(Ministry manual is available at the Volunteer Central counter in the lobby or online at [www.mstar.org/main/downloadable\\_resources](http://www.mstar.org/main/downloadable_resources) )

## Applicant Verification and Release

I recognize that the organization to which this application is being submitted is relying on the accuracy of the information contained herein. Accordingly, I attest and affirm that all of the information that I have provided is absolutely true and correct.

I authorize the organization to contact any person or entity listed in this application, and I further authorize any such person or entity to provide the organization with information, opinions, and impressions relating to my background or qualifications.

I voluntarily release the organization and any such person or entity listed herein from liability involving the communication of information relating to my background or qualifications. I further authorize the organization to conduct a Criminal Background Investigation and Child Abuse Clearance check if such a check is deemed necessary.

I have carefully read the policy and procedures of the organization, and I agree to abide by them and to protect the health and safety of the children or youth at all times.

Applicant signature/Date

Parent/Guardian signature (if applicant is under 18)

<b>Office use only</b>	Date application was received: _____	Date references were cleared: _____
	Date background check was ordered (if applicable) : _____	Date Rec'd _____
	Childline Clearance: _____ Ordered _____ Pending _____ Received _____ Not Ordered	
	Cleared to serve on _____	By _____