

Personal

Name: _____
(first) (middle) (last)

Address: _____
(street) (town) (state) (zip)

How long at this address: _____ Daytime Phone Number : _____

Email address: _____ Date of Birth: _____

In which areas of ministry are you currently involved? _____

In what other areas of ministry, if any, do you plan to become involved? _____

Have you at any time since your original Ministry Application?

- Been arrested for any reason? Yes No
- Been convicted of, pleaded guilty or no contest, to any crime? Yes No
- Received any traffic violations? 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: (use additional paper if necessary)

Childline reports will be ordered for anyone 18 years and older who is applying for a staff position or serving with children/ youth (ages 3-17 years old). Childline reports are mailed to YOU, the applicant. It is your responsibility to return it to the MSF office to complete your application. You will receive a copy of your report for your records after we have received it.

- *I have read and agree to return the children report to MSF (if applicable) _____ initials _____ date*

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 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 and Date

Parent/ Guardian Signature (if applicant is under 18 years of age)

Office use only

Date application was received: _____ Date background check was complete/updated (if applicable) : _____

File updated on ____/____/____ by : _____ initials: _____