

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 Date contacted _____ Via __ email __ phone __ mail Comments _____ _____ _____	Office use only Date contacted _____ Via __ email __ phone __ mail Comments _____ _____ _____	Office use only Date contacted _____ Via __ email __ phone __ mail Comments _____ _____ _____
Staff Initials _____	Staff Initials _____	Staff Initials _____

Please initial the following statements:

- I have received and read the MSF ministry manual and guidelines for the specific ministry I am working with: _____ initials _____ date

(Ministry manual is available at the Volunteer Central counter in the lobby or online at www.mstar.org/main/downloadable_resources)

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 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)

Office use only 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 _____