New Life Community Church Background Screening Form

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	nistry			•
	I	[Confidential]		
supervision, and sec	o be completed by all ap urity of adults, minors, a e and secure environments.	and church offerings. Th	nis form is bein	g used to help the
	Pers	sonal Information		
Date:				
Name:	First	Middle		Last
List Maiden Name	(or any other name used, i	ncluding previous marriage	e):	
Present Address:				
	Street Address	City	State	Zip Code
Previous Address:	Street Address	City	State	Zip Code
Home Phone: ()	Cell Phone: ()	
Email Address:				
Social Security Nui (Form cannot be prod	mber: ressed without Social Secu	 urity Number)		
Date of Birth (mm/	dd/yyyy):	/ /		
Do you have a curr	ent driver's license?	Yes No		
If yes, please list y	our driver's license nu	umber:		
	en convicted of, or plea ain: (write on the back of		es No _	

NOTE: The following question applies only to those serving with or around youth and children.

If you prefer, you may refuse to answer the following question, or you may discuss your answer in confidence with the senior pastor rather than answering it on this form. Answering yes or leaving the question unanswered, will not automatically disqualify an applicant for youth or children's work. Were you a victim of abuse or molestation while a minor? Yes No Church History and Ministry Work Information: Which New Life Location do you currently attend? ______ List of other churches you have attended regularly during the past five years: List all previous church work (include church name, type of work, and dates): Personal references (no former employers or relatives): Name: Name: Phone #: _____ Phone #: ____ **Applicant's Statement** The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information (including opinions) that they may have regarding my character. Additionally, I hereby authorize New Life Community Church to procure a comprehensive criminal background check as a part of this application. In consideration of the receipt and evaluation of this application by New Life Community Church. I hereby release any individual, church, organization, charity, or employer, including record custodians, both collectively and the result of me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application. Should my application be accepted, I agree to be bound by the bylaws and policies of New Life Community Church and to refrain from unscriptural conduct in the performance of my services on behalf of the church. I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand. Applicant's Signature Date