

_____No

Expiration Date _____

Restrictions _____

Prior Suspensions _____

Church History and Prior Children's Work

Name of church of which you are a member: _____

List (name and address) other churches you have attended regularly during the past five years:

List all previous church work involving children (list each church's name and address, type of work performed, and dates) _____

List all previous non-church work involving children (list each organization's name and address, type of work performed, and dates) _____

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

Personal References (not former employers or relatives)

Name _____

Name _____

Address _____

Address _____

Telephone _____

Telephone _____

Name _____

Address _____

Telephone _____

Applicant's Statement

The information contained in this application is correct to the best of my knowledge. I authorize inquiry, including but not limited to, any references, churches, or other persons and organizations, governmental agencies, custodians of official records any information (including opinions) confidentially, that they may have regarding my character and fitness for work with children. In consideration of the receipt and evaluation of this application by Quail Springs Church of Christ, I hereby release any individual, church, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages 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. If a background check is needed, I give my authorization.

I understand and agree that it is critical to the mission and ministry of Quail springs Church of Christ that all employees and volunteers conform to the highest standards of safety, interpersonal conduct, and sexual morality. I affirm that I will strictly comply with Quail Springs Church of Christ's Youth and Children's Ministry policies and procedures as later amended and/or revised including those concerning child safety and protection, sexual abuse and misconduct, and interpersonal relationships. I understand and agree that failure by me to abide by such policies and procedures as later amended and/or revised may result in my immediate dismissal or disciplinary action, all in the discretion of the church.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand.

Applicant's Signature _____ Today's Date _____

Please print your full name _____

Witness _____ Date _____

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purpose.

Please print other last names you have used _____

Home Address _____

City _____ State _____ Zip _____

Social Security # _____ Date of Birth _____ Driver's License # _____

Name as it appears on license _____ State Issuing License _____