

CONNECTIONS COMMUNITY CHURCH
Background Check for Children/Youth Workers

DISCLOSURE NOTICE

Connections Community Church is sensitive to the needs of families and strives to be protective and responsible in all areas of ministry. This responsibility is especially felt in the Church's care of their children and youth entrusted to us. In order to fulfill this trust, as well as to comply with state law and requirements of our insurance carrier, it is essential that the church screen ALL adults and youth workers who come in contact with children and youth. This questionnaire is an essential part of that process.

The church will exercise practical control over the release of disclosure of the content of this document. The information given will be for the sole purpose of conducting a background check and will only be seen by the pastoral staff.

NOTE: Upon your signature of this questionnaire, you understand that a nationwide criminal and sex offender background check will be conducted.

QUESTIONNAIRE

(Please Print)

Name: _____ Soc. Sec.# _____
 First Middle Last

Maiden Name: _____

Address: _____

City, State, Zip: _____

Email Address: _____ Phone #: _____

Any Previous Addresses: _____

Date of Birth: _____ Driver's Lic#: _____ State: _____

Do you attend Connections Community Church? YES NO
If NO, what church do you attend? _____

What area of ministry are you applying for?

- Nursery
- Children's Ministry
- Youth Ministry

Please list all states that you have lived in within the past ten (10) years: _____

Have you ever abused, endangered, abandoned, or neglected a child under the age of 18 years or been accused of any such action by anyone? YES NO

If YES, please explain: _____

Have you ever been convicted of child abuse, endangerment, abandonment, neglect, injury, or any crime involving actual or attempted molestation of a minor (a child under 18 years of age)? YES NO

If YES, please explain: _____

PERSONAL REFERENCES

At least two (2) individuals who are not related to you or former employers who can give a personal character reference, if contacted.

Name: _____	Phone: _____
Address: _____	
Email: _____	
Name: _____	Phone: _____
Address: _____	
Email: _____	

APPLICANT'S CERTIFICATION and AUTHORIZATION TO RELEASE INFORMATION

I, _____ the undersigned applicant, hereby certify that the information contained in this application is complete and correct to the best of my knowledge. I hereby authorize any references or law enforcement agencies to release any information requested pursuant to this application. I hereby release all such references or law enforcement agencies from any and all liability which may result from releasing any requested information, and I waive any rights that I may have to review records or references provided on my behalf. Furthermore, I hereby allow the leadership of Connections Community Church to gain information on my personal background in order to approve my ability to work with children/youth within and outside the church.

Applicant's Signature: _____ Date: _____

Date: _____

Parent/Legal Guardian's Signature: (if applicant is under 18 years of age)

For Church Use Only:

Questionnaire Received: ____ / ____ / ____ By: _____

Date Background Check: ____ / ____ / ____ By: _____

RESULT: APPROVED NOT APPROVED

BY: _____

Comments: _____

