

**Living Hope Church (LHC)
General Screening Form
NON-CONFIDENTIAL SECTION**

Please note that information in this section (pages 1 and 2) may be shared with ministry leaders outside of Living Hope Church staff.

1. Name _____
Last First (Full) M.I.

2. Date _____ 3. Birthday _____

4. Address _____

5. City _____ State _____ Zip _____

6. E-mail Address _____

7. Home Phone (____) _____ 8. Work Phone (____) _____

9. Okay to call at work? Yes No 10. Cell Phone (____) _____

11. Are you currently 18 years or older? _____

12. Identity confirmed with: ___ State Driver's License Number _____
___ Other Photo ID Type/Number _____

13. Do you have any restrictions on your driver's license? _____

14. Are you trained to drive a bus? _____

15. How long have you lived in this area? _____ Years _____ Months

16. If you have lived in this area less than seven years, please provide information on all addresses during that period:

Address _____ City _____ State _____ Zip _____

Address _____ City _____ State _____ Zip _____

Address _____ City _____ State _____ Zip _____

Address _____ City _____ State _____ Zip _____

17. Current Profession/Previous Work Experience (please provide phone numbers):

18. Previous Address _____

19. City _____ State _____ Zip _____

20. Are you an official member of LHC? Yes No If yes, skip to #21.

20a. I have attended the Discover US class. Yes No

20b. I would be open to attending the Discover US class. Yes No

The Discover US class is strongly recommended so that you understand the core values & beliefs of this church.

21. How long have you attended LHC? _____

22. What church/churches did you last attend before coming to LHC & how long?

23. Previous church & community volunteer experience: _____

24. Ministry you are applying for (if known) _____

25. What led you to apply to volunteer in at LHC? _____

26. List any gifts, callings, training, education, etc. that may have helped prepare you for volunteering in the area of your choice.

27. What are your expectations of your leader, coordinator or supervisor?

CONFIDENTIAL SECTION

The remainder of this application is considered strictly confidential (pages 3-6). It will be viewed and used only by those Living Hope Church staff members who are involved in making volunteer placement decisions. All completed ministry applications are kept confidential and stay locked in the church office. If you prefer, you may choose not to answer the questions in this section, or you may discuss your answers in confidence with a Living Hope Church staff member. Leaving any questions unanswered will indicate that a staff member will need to contact you for follow up.

1. Have you ever been convicted of or pleaded guilty to a crime other than a minor traffic violation? Yes No

If yes, please explain – attach a separate page if necessary:

2. Are you now under charges for any criminal offence? A criminal offence will not necessarily disqualify you from consideration. Yes No

If yes, please explain – attach a separate page if necessary:

3. Have you ever been accused, investigated, charged, arrested, or convicted of child abuse, sexual abuse, or sexual assault? Yes No **If yes, please attach a separate sheet with details.**

4. Were you a victim of abuse or molestation while a minor? Yes No

If yes, have you gone through counseling? Yes No

5. Have you ever been exposed to an incident of child abuse or neglect? Yes No

What are your feelings concerning this child abuse/neglect?

6. If you have children, how do you (or did you) discipline them?

7. Do you have any other history that may be of concern as your Children's & Family Ministry Application is being reviewed?

8. I am free from any diseases that could be detrimental to children, such as typhoid, paratyphoid, hepatitis or other diseases. Yes No

REFERENCES AND BACKGROUND CHECK

Please provide FOUR references. At least two of the references should be from places of employment or prior volunteer service. References must meet the following criteria: must be over age 18; must not be a relative or LHC staff; must be able to speak of your character and ability to serve, especially as it relates to working with children & youth; have known you for at least one year. Please provide complete addresses & phone numbers and in what capacity you know the reference. References will be checked.

1. Name _____ Phone (____) _____
Address _____ City/State/Zip _____
E-mail address _____ Capacity Known _____

2. Name _____ Phone (____) _____
Address _____ City/State/Zip _____
E-mail address _____ Capacity Known _____

3. Name _____ Phone (____) _____
Address _____ City/State/Zip _____
E-mail address _____ Capacity Known _____

4. Name _____ Phone (____) _____
Address _____ City/State/Zip _____
E-mail address _____ Capacity Known _____

The information contained in this screening form is correct to the best of my knowledge. I authorize any references or churches listed in this form to give you any information (including opinions) that they may have regarding my character and fitness for children or youth work. In consideration of the receipt and evaluation of this form by Living Hope Church, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind of nature which may at any time result to 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 Constitution, Bylaws and policies of Living Hope Church, and to refrain from unscriptural conduct in performance of my services on behalf 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.

Signature

Date

Witness

Date

I agree to a criminal background check to be run on my name. I hereby request and authorize information which pertains to any record of convictions contained in the files or in any criminal file maintained on me whether local, state, or national. I hereby release local, state, and national law enforcement agencies from any and all liability resulting from such disclosure. Yes No

Birth Date _____ / _____ / _____
 month day year

Social Security # _____

Signature _____

Print Full Name _____

Print Maiden Name _____

Print All Aliases _____

Driver's License # _____

PROPER BEHAVIOR FOR LHC WORKERS

The disturbing and traumatic rise of physical and sexual abuse of children/teens has claimed the attention of our nation and society. The following policies reflect our commitment to provide protective care to all children, youth, and volunteers who participate in church sponsored activities.

1. Adults who have been convicted of either child sexual or physical abuse will not volunteer service in any Living Hope Church sponsored activity or program for children or youth.
2. All volunteers working with children or youth are required to be regular attendees of Living Hope Church for a minimum of six months. A regular attendee is one who is consistently present at scheduled services and supports the ministries of the church.
3. All volunteers must observe the "two person" rule. This requires that no one is ever alone with children or youth without another person.
4. Adult volunteers should immediately report any behaviors that seem abusive or inappropriate to their supervisor.
5. No volunteer will at any time be alone with a student in a vehicle excepts need to be discussed and agreed upon by ministry department supervisor.
6. No volunteer should assist a child in bathroom. If an emergency occurs, two adults must be present for accountability. South bathroom doors should remain ajar when a child is using the lavatory under adult supervision.
7. No volunteer will at any time physically discipline a child under his or her care. If a child continues to be unruly, the parents will be contacted.
8. All counseling of children/minors will be handled by department leaders & supervisors. Volunteers are required to report information pertaining to suicide, abuse of any kind or hostile intent.

As a church volunteer, do you agree to observe all church policies regarding working with youth or children? Yes No

I have read the above policy and agree to observe the safeguards listed.

Signature

Date

Please Print Name