

VOLUNTEER SCREENING FORM

Thank you for your willingness to serve in a position at Community Christian School of Five Oaks, a ministry of Five Oaks Community Church, Inc.

Because every volunteer has the potential to impact children for good or for evil, we must ensure that all those participating maintain a Biblical standard of Godliness in their personal behavior. We trust that you share our desire to protect the precious children whom God has entrusted to us.

Please fill out the screening form completely, taking care to answer each question truthfully and completely. If extra room is needed to completely answer any question, please attach a page to the form.

Name: _____
Last *First* *Middle*

If you have ever used other names, such as married or maiden names, please provide the names and dates of use.

Name *Date*

Name *Date*

Are you over the age of 18? Yes No

Present Address: _____

City/State/Zip: _____

Home Telephone Number: _____

Position applied for: _____

Date you are available to start: _____

Spiritual Qualifications:

How long have you attended your current church? _____

Are you a member? Yes No

In a brief paragraph, please describe your salvation experience.

Please list the churches you have attended in the last five years, dates of attendance and the reasons you left.

1. _____
Name *Phone Number*

Address

Reasons for leaving *Dates Attended*

2. _____
Name *Phone Number*

Address

Reasons for leaving *Dates Attended*

First aide training Yes No Date Completed _____

CPR training Yes No Date Completed _____

REFERENCES:

Please list three individuals to whom you are not related by blood or marriage and who have known you for at least five years.

Name: _____

Address: _____

Telephone: _____ *Daytime* *Other Numbers*

Relationship to Reference: _____

Name: _____

Address: _____

Telephone: _____ *Daytime* *Other Numbers*

Relationship to Reference: _____

Name: _____

Address: _____

If "yes," please explain: _____

I hereby certify that the information I have provided on this application is true and complete. I authorize this church to verify the information I have provided on this application by contacting the references, churches and employers I have listed, by conducting a criminal records check, or by other means, including contacting others whom I have not listed. I authorize the references and employers listed in this application to give the church whatever information they may have regarding my character and fitness for the job for which I have applied. Furthermore, I waive any rights I may have to confidentiality.

In consideration of the receipt and evaluation of this application by Five Oaks Community Church, Inc., 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 compliance or any attempts to comply, with this authorization.

Should my application be accepted I agree to abide by and be bound by the policies and the moral and spiritual teachings of Five Oaks Community Church, Inc. and to refrain from unscriptural conduct in the performance of my duties on behalf of the church and its ministries.

I have read this waiver and the entire application, and I am fully aware of its contents. I sign this consent freely and under no duress or coercion. I understand that any omission from or misinformation in the application may result in the rejection of my application.

Signature of Applicant

Date

Witness

Date