

Eastridge Church of Christ
Application and Background Check Consent Form

Name _____ Phone# _____

Address _____

Date of Birth _____ Driver License # _____ State _____

Please list your addresses for the previous five years if different than listed above.

Please list previous experience with children/youth programs. _____ Not Applicable

Organization	Program	Dates	Contact Person	Phone Number

Have you at any time ever:

Been arrested for any reason?	Yes	No
Been convicted of, or pleaded no contest to, any crime?	Yes	No
Engaged in, or been accused of, any child molestation, exploitation, or abuse?	Yes	No

Are you aware of:

Traits or tendencies that you may have that could pose a threat to children, youth, or others?	Yes	No
Any reason why you should not work with children, youth, or others?	Yes	No

If the answer to any question is "yes", please explain in detail:

Applicant Verification and Release

I recognize that this application is being submitted to the Eastridge Church of Christ and that the Eastridge Church of Christ is relying on the accuracy of the information contained herein. I attest and affirm that all of the information that I have provided is absolutely true and correct.

I authorize Eastridge Church of Christ and its agents to conduct a criminal background investigation which will surface any criminal or sex offender convictions. I authorize Eastridge Church of Christ or its agents to contact any person or entity listed in this application. I authorize any such person or entity to provide Eastridge Church of Christ and its agents with information, opinions, and impressions relating to my background or qualifications.

I voluntarily release Eastridge Church of Christ and its agents from liability and any responsibility in obtaining the background information or with the communication of that information relating to my background or qualifications. I know I have the right to request disclosure of the nature and scope of the report.

I have carefully read the policy and procedures of the organization, and I agree to abide by them and to protect the health and safety of the children, youth and others at all times.

Signature of Volunteer

Date

Signature of Parent or Guardian if
Participant is under 18 years of age