

Personal Situations

Have you had an addiction to drugs, alcohol, pornography or any other addiction; or has anyone ever suggested that you may have a problem with any of the above?

No Yes If yes, explain _____

Have you ever been arrested, convicted or pled guilty to a crime?

No Yes If yes, explain _____

Have you ever been charged with, alleged to have or have you ever committed any act of neglecting, abusing, molesting or battering any child or adult? Or have you had any kind of a relationship with a minor that brought you sexual gratification?

No Yes If yes, explain _____

Have you ever been treated for a psychiatric disorder?

No Yes If yes, explain _____

Is there any circumstance or pattern in your life which would make it inappropriate for you to serve with minors/elderly/disabled or would compromise the integrity of Crossings Community Church?

No Yes If yes, explain _____

Applicant's Statement

The information contained in this application is correct to the best of my knowledge. I authorize any references listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for this position/work. I authorize the release of the information contained in this application, on a confidential, need to know basis, to any ministry at Crossings Community Church in which I seek a position (volunteer or compensated). In consideration of the receipt and evaluation of this application by Crossings Community Church, I hereby release any individual, church, youth organization, charity, reference or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or 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. To uphold the confidentiality of the references, I waive any right that I may have to inspect any information provided about me by any person or organization, but I may contact Crossings Community Church to inquire about information provided about me.

Should my application be accepted, I agree to refrain from unscriptural conduct in the performance of my services on behalf of the Church.

Also, I hereby request and authorize the release of any information which pertains to any record of convictions contained in law enforcement 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.

Crossings Community Church reserves the right to conduct additional background checks in the future for volunteers involved in long-term service.

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

Print Applicant's Full Legal Name _____

Applicant's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

(If applicant is a minor)

09/08

Name _____

Ministry Area _____

Confidential Screening Form

Explanation

This screening form asks some very personal and private questions. The information contained in this screening form will be treated with the utmost confidentiality and respect. No one will have access to this form without proper authorization.

The questions contained herein are not intended to offend or to pass judgement but rather to create a secure and safe environment.

This is not an employment application.

Purpose:

To enable ministries to carry out their missions while safeguarding those they serve.

Values of the Program:

1. Protect minors/elderly/disabled
2. Protect volunteers and staff
3. Ministry support
4. Protect the Church and its members



crossings
community church

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405-755-2227 crossingsokc.org

General Information

Date _____

Full Name _____ Nickname _____

Maiden Name (or aliases) _____

Date of Birth _____ Gender M F Email _____

SSN _____ Drivers License Number and State _____

Address _____ City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

Marital Status: Single Married Separated Divorced Widowed

Background Information

Are you a participating member of Crossings Community Church? Yes No

If not, name the church in which you are a member: _____

List other churches you have regularly attended in the past five years (name & address): _____

In what ministry areas do you currently volunteer or have volunteered in the past 3 years? _____

In what groups or activities are you currently involved or have been involved in the past 3 years? _____

List any previous church work involving minors/elderly/disabled during the past 3 years. (Include approximate dates, church's name, and work performed.) _____

List any previous non-church work involving minors/elderly/disabled during the past 3 years. (Include approximate dates, organization's name, and work performed.) _____

References

List four people you know, who meet the following criteria:

- 1) Is over 18 years old,
- 2) Is not related to you,
- 3) Has seen you around minors/elderly/disabled (if applicable),
- 4) Has known you for more than 6 months, and
- 5) Has a definite knowledge of your character.
- 6) Two of the references should be connected with or attend Crossings Community Church (not including CCC employees) or your home church.

ONE (Crossings Community Church—or home church—related)

Name _____ Nature of Association _____ Length of Time Known _____

Occupation _____ City and State of Residence _____

Home Phone _____ Work Phone _____

TWO (Crossings Community Church—or home church—related)

Name _____ Nature of Association _____ Length of Time Known _____

Occupation _____ City and State of Residence _____

Home Phone _____ Work Phone _____

THREE (non-Crossings Community Church—or home church—related)

Name _____ Nature of Association _____ Length of Time Known _____

Occupation _____ City and State of Residence _____

Home Phone _____ Work Phone _____

FOUR (non-Crossings Community Church—or home church—related)

Name _____ Nature of Association _____ Length of Time Known _____

Occupation _____ City and State of Residence _____

Home Phone _____ Work Phone _____

Previous Address

If you have lived in Oklahoma for less than 3 years, provide city, state and approximate dates of all addresses during this period.

City _____ State _____ Dates _____

City _____ State _____ Dates _____

City _____ State _____ Dates _____

Ministry Area of Interest

In what ministry area would you like to participate and why?
