



# New Zion UMC

## Servant Leader Application

Today's Date:

### Applicant General Information

Name:

Birth Date:

Address:

City:

State:

Zip:

Phone:

Home Work Cell

Alt. Phone:

Home Work Cell

Social Security #:

Driver's License #:

Occupation:

Driver's License State:

Marital Status:  Single  Married  Widowed  Divorced

Spouses Name:

### Background

Alias Names:

Previous Addresses (last five years):

Church previously attended or served:

In order to help our church provide a safe and secure environment for those children and youth who attend our events and use our facility, all servants ministering in this area are required to complete the following information and submit to a criminal background screening. Thank you for your cooperation and understanding. Have you ever been charged with or convicted of any offense listed below? If your answer is yes to any of the following, please provide specific details and dates. Information will be held in strict confidence.

Felony: Yes No

Drug Charges: Yes No

Sex Charges: Yes No

If Yes to any above please explain:

## Notice Regarding Background Screening

### Notice and Acknowledgment (Please read carefully before signing the acknowledgment.)

Church Name here may obtain information about you from reporting agencies for volunteer purposes. The report may contain information bearing on your character, general reputation, personal characteristics, or mode of living, including but not limited to criminal and driving records, education, prior employment verification, and workers' compensation claims. The report may be obtained for public or private sources. You have a right to request disclosure of the nature and scope of any investigative consumer report.

### Acknowledgment and Authorization

I acknowledge receipt of the Notice Regarding Background Investigation and certify that I have read and understand this document. I hereby authorize Your screening company here to request and obtain the above-referenced reports at any time during the application process or during my volunteer service or employment and as often as the company deems necessary.

Applicant's Signature:

Date:

The information contained in this application is correct to the best of my knowledge.

I authorize any personal references or churches listed in this application to provide you any information (including opinions) that they might have regarding my character and fitness for work with children or teens. In consideration of the receipt and evaluation of this application Church Name here, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including legal and record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which might at any time result to me, my heirs or family, on account of compliance, or any attempts to comply, with this authorization.

I hereby give my consent for information regarding past violations of law to be released and authorize Church Name here to contact local, state and national law enforcement officials and courts for such release. Should my application be accepted, I agree to sign a covenant and be bound by the policies of Church Name here, and to refrain from unscriptural conduct in the performance of my services on behalf of the church. Falsification of information or noncompliance with the rules and covenant might, in the discretion of Church Name here, be determined to show me unfit to serve and might result in the withdrawal of servant status and admission to events.

I also waive and release the use of my photograph or likeness for the church website, in-house or promotional use.

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.

Applicant's Signature:

Date:

Witness:

Date:

## References

Please list at least two references.

Name:

Address:

City:

State:

Zip:

Phone:

Home Work Cell

Alt. Phone:

Home Work Cell

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Name:

Address:

City:

State:

Zip:

Phone:

Home Work Cell

Alt. Phone:

Home Work Cell

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Name:

Address:

City:

State:

Zip:

Phone:

Home Work Cell

Alt. Phone:

Home Work Cell