

MADISON SQUARE CHURCH

Homeschool Ministry

Background Check Form

Date: _____

Last Name	First	Middle	Phone Number
-----------	-------	--------	--------------

Address	City	Zip Code	Cell Phone
---------	------	----------	------------

E-mail _____

Date of Birth: _____ Age: _____

Emergency Contact: _____ Phone Number _____

Do you have CPR Certification or any medical training? Yes or No

Have you been disciplined, dismissed, or resigned from an organization, agency or church to avoid charges? Yes or No

If so, where and why? _____

For Office use

___ Made follow-up contact on _____ (date)

___ Scheduled the applicant for training for _____ (date)

___ Completed training

___ Placed on the schedule to serve

Applicant Statement

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information (including opinions) they have regarding my character and fitness for children or youth work. I authorize release of the information contained in this application to any Ministry at Madison Square Christian Reformed Church in which I seek a position (volunteer or compensated). In consideration of the receipt and evaluation of this application by Madison Christian Reformed Church, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including records custodians, both collectively and individually, from any and all liability for damage of whatever kind in 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 refrain from unscriptural conduct in the 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 SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement, which I have read and understand.

Applicant's Signature: _____ Date: _____
Witness: _____ Date: _____

Request for Criminal Records Check and Authorization

Our Child Abuse Prevention Policy requires that we submit all volunteers working with children and youth to a criminal records check. This check must be completed before volunteering can begin. Every applicant, regardless of criminal record, must complete this section. Please also note that Michigan State requires "Ethnicity" when requesting a criminal records check.

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 crime 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.

Have you ever plead guilty, no-contest, or been convicted of a crime? If yes, give date and circumstances:

Signature: _____ Date: _____

Print Name: _____

Print Maiden Name if Applicable: _____

Print all aliases: _____

Date of Birth: _____

Ethnicity: _____ (Black, White, Asian or Pacific Islander, American Indian or Alaskan Native)