



PRIMARY SCREENING FORM

For all individuals interested in serving in a leadership
role with minors at

NEW HOPE COMMUNITY CHURCH

CONFIDENTIAL

New Hope Community Church
5100 Bethesda Court, Williamsburg, MI 49690
231.938.8056
www.newhope.cc

New Hope Community Church

CONFIDENTIAL Primary Screening Form for Children's or Youth Ministry

This application is to be completed by all applicants for any position (voluntary or compensated) involving the supervision or custody of minors. It is being used to help New Hope Community Church provide a safe and secure environment for those children and youth who participate in our programs and ministries.

Personal History

Date this form is completed: ____/____/____

Name: _____
Last First Middle

Identity must be confirmed with a valid state driver's license or other photographic identification.

Present Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Please identify the type and age range of Children's or Youth ministry you are interested in:

Sunday School: 0-3 yr olds 4 & 5 yr olds 6 & 7 yr olds 8 & 9 yr olds 10 & 11 yr olds

Sun. Services: 8:45 / 10:30 am (please circle service and age group(s) interested in)

0-2 yr olds 3 yr olds 4 yr olds 5 yr olds 6 yr olds 7-12yrs

Awana: Cubbies Sparks Pals / Pioneers Chums / Guards

Student Ministry: Jr. High Sr. High

Other Events: 0-3 yr olds 4 & 5 yr olds 6 & 7 yr olds 8 & 9 yr olds 10 & 11 yr olds

Why do you want to be involved in this work or ministry at this time?

Please indicate the date you would be available to begin: ____ / ____ / ____

What is the minimum length of commitment you can make? _____

Are you now or have you ever been the subject of a criminal investigation?

Yes (If yes, please explain and include the outcome of the investigation...attach a separate page, if necessary)

No

Do you have a current driver's license?

Yes If yes, please give your driver's license number - _____

No Number State of Issuance

Church History and Prior Related Work Experience

How long have you been attending New Hope Community Church? _____

Are you a member of New Hope Community Church? Yes No

List other churches (names and addresses) you have attended *regularly* during the past 5 years.

List all previous church work in which you have been involved with children or youth (Please list church name, type of work performed, and approximate dates):

List all previous non-church work in which you have been involved with children or youth (Please list organization's name & address, type of work performed, and approximate dates):

Please list any gifts, callings, training, education or other factors that have prepared you or qualify you for children's or youth work:

Briefly share what your spiritual relationship with God is at this time:

Personal Character References:

(not including former employers or relatives)

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in the application to give you any information (including opinions) that they may have regarding my character and fitness for children's or youth work. In consideration of the receipt and evaluation of this application by New Hope Community Church, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including any custodian of records, both collectively or 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. 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 be bound by the Bylaws and Policies of New Hope Community Church, and to refrain from any inappropriate or illegal conduct in the performance of my service on behalf of the church.

I further state that I have carefully read the foregoing release, know and understand its contents and I sign this release as my own free act.

Applicant's Signature: _____

Date signed: ____/____/____

Witness's Signature: _____

Date signed: ____/____/____

(Office Use Only)

Approved By: _____

Dated signed: ____/____/____



POLICE CHECK AUTHORIZATION

As a prospective volunteer of NEW HOPE COMMUNITY CHURCH, I understand that it is this Church's policy to secure conviction criminal history information as part of this screening process using the information provided below. (Please print clearly. Thank you.)

Name: _____
Please print - Last First Middle

Maiden Name/ Names Previously Used

Birth Date Race Sex

Social Security Number

Drivers License Number State of Issuance

I understand that the above information is required by the Central Records Division of the Michigan State Police, Lansing, Michigan. I authorize NEW HOPE COMMUNITY CHURCH to utilize the above information for the sole purpose of obtaining a conviction only criminal history file search.

Signature Date

Please return completed form in the enclosed envelope to Claudia Chalker in the Administrative office. We can't authorize you to work with the children and/or youth without this completed form.
Thank you!