



**Christ Covenant Church
Application for C.A.R.E. approval
PRIMARY SCREENING FORM**

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 the church provide a safe and secure environment for those children, youth and vulnerable adults who participate in our programs and use our facilities. All information will be kept in a locked confidential file in our secure office.

PERSONAL BACKGROUND INFORMATION

Name _____
Last Full First Full Middle (no initial please)

Indicate maiden name and all other names you have used _____

Place of Birth _____ Date of Birth _____

Present address _____ How long? _____

City _____ Current County of residence _____

State _____ Zip _____

Telephone _____
Day Evening Cell

E-mail address _____

List counties and states of residence during the last five (5) years:

Please attach a photocopy of your current driver's license

APPLICANT'S STATEMENT

The information contained in this application is correct to the best of my knowledge. I authorize any references, former employers, or churches listed in this application and anyone identified by such references, former employers, or churches to give you any information (including opinions) that they may have regarding my character and fitness for children or youth work.*

Should my application be accepted, I agree to be bound by the CARE policy and other policies of Christ Covenant Church and to refrain from unbiblical 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 I 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 _____ **(must have witness)** Date _____

*See the "Notice to Consumer of Intent to obtain a Consumer Report" form attached

MINISTRY INFORMATION

Please indicate the area in which you are interested in serving:

- | | |
|---|--|
| <input type="checkbox"/> Children’s Ministry (infants through Elementary) | <input type="checkbox"/> Employers/Leaders |
| <input type="checkbox"/> Kendall Ministry <input type="checkbox"/> Youth Ministry (6 th -12 th Grade) | <input type="checkbox"/> Trail Life |
| <input type="checkbox"/> Am. Heritage Girls <input type="checkbox"/> Paid childcare <input type="checkbox"/> CHEA | <input type="checkbox"/> Other_____ |

Are you a MEMBER of a church? Yes No

If so, where? _____

And how long? _____

If you are currently a member of any church OTHER than Christ Covenant Church, please provide:

Leadership contact name (pastor/elder/deacon, etc.): _____

Phone: _____ Email: _____

Do you have a personal relationship with Jesus Christ? Yes No

How would you describe your relationship to Christ?

Are you willing to submit to accountability of the leadership of Christ Covenant Church with respect to your service among children and/or youth and/or vulnerable adults? Yes No

List any gifts, callings, training, education, or other factors that have prepared you for youth or children’s work.

Please list all previous **church roles** working with children/youth, the church name and address, and associated supervisory reference name, phone, and email (for that particular ministry).

	#1	#2	#3
Church Role Serving Children/Youth			
Church Name			
Church Address			
Supervisor’s Name			
Supervisor’s Phone			
Supervisor’s Email			

FORM A

Please list any additional church work involving children/youth not listed above (including church name/address).

Please list other churches (not listed above) that you have attended regularly during the past five years (include city).

Please list all previous **non-church roles** working with children/youth, the organization's name and address, and associated supervisory reference name, phone, and email.

	#1	#2	#3
Non-Church Role Serving Children/Youth			
Organization Name			
Organization Address			
Supervisor's Name			
Supervisor's Phone			
Supervisor's Email			

Please list three **personal references** below that can speak to your character (See type of reference indicated for each column): Please print clearly. **DO NOT INCLUDE ANYONE ON CHRIST COVENANT STAFF.**

	Personal	Supervisor (Professional or Volunteer)	Family Member of the opposite sex of the applicant
Name			
Phone			
Email			

FOR NON-CHRIST COVENANT MEMBERS ONLY:

As a member of ministry staff, Director level or above, I have met with or interviewed the above named Non-Christ Covenant Member and approve them for ministry.

Signature of Ministry staff: _____

Date: _____

Ministry Staff Title: _____