

# Confidential Renewal Screening Form

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Name: \_\_\_\_\_

Ministry Area: \_\_\_\_\_

## Explanation

The information contained in this renewal screening form will be treated with the utmost confidentiality and respect. No one will have access to this form without proper authorization.

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

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Maiden Name (or aliases): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender  M  F

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phones: Home: (\_\_\_\_) \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Marital Status:  Single  Married  Separated  Divorced  Widowed

**Previous Address:** *If you have lived in [Church State] for less than 3 years, provide city, state and approximate dates of all addresses during this period.*

City: \_\_\_\_\_ State: \_\_\_\_\_ Dates: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Dates: \_\_\_\_\_

\_\_\_\_\_

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, national law enforcement agencies from any and all liability resulting from such disclosure.

I agree to refrain from unscriptural conduct in the performance of my services on behalf of the Church.

[Church Name] reserves the right to conduct additional background checks in the future for volunteers involved in long-term service.

I understand that, as a volunteer at [Church Name], I am not covered by the church's workman's compensation insurance coverage in the unlikely event of an injury I may sustain while fulfilling my volunteer duties.

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)