

APPLICATION FOR MINISTRY TO MINORS

For All Volunteer's Who Work With Children, Youth And/Or Developmentally Disabled Persons at Harbor Life Church sponsored events/activities and ministries.

This application is to be completed by all volunteer applicants who desire to serve in any position involving any access to children (minors under 18 years of age) or developmentally disabled persons at Harbor Life Church *sponsored events/activities and ministries*. It is being used to help provide a safe and secure environment for those children, youth and developmentally disabled persons who participate in our church sponsored events and programs and use our facilities.

PERSONAL

The information contained below is to be used only for identification and investigative purposes.

TO BE COMPLETED BY APPLICANT ONLY (All Fields REQUIRED)

Date	Home Phone	Work Phone	Email Address			
Last Name	First Name	MI	Date of Birth		Sex	Soc. Sec. #
Place of Birth (City/State)	Home Street Address		City	State	Zip	Drivers License #
Other Last Names Used	Other States I have lived in.....		State		Zip	From (Yr) To (Yr)
			1			
			2			
			3			
			4			

Are you currently attending Harbor Life Church? Yes No

If not, what church do you currently attend? _____

How long have you attended? _____

Have you become a member of the church? Yes No

Have you ever been convicted of or pleaded guilty to a criminal offense (not traffic violations)?
 Yes No

If yes, please explain: (attach a separate page if necessary) _____

Have you ever had your driver's license suspended or revoked for any reason? Yes No

If yes, please explain: _____

Marital Status Married Single Engaged Separated Divorced
 Remarried Widowed

MEDICAL

Do you have any physical or medical condition(s) that would limit your ability to do this Ministry?
 Yes No

Do you use any prescription drugs on a regular basis? Yes No If so, please state the name and reason for its use: _____

CHURCH ACTIVITY

Are you a Christian? Yes No When were you saved? _____

Do you agree with the 16 Statement of Fundamental Truths of the Assemblies of God?
 Yes No http://ag.org/top/Beliefs/Statement_of_Fundamental_Truths/sft_short.cfm

If not, which one(s) do you disagree with and why? _____

Have you received the Baptism of the Holy Spirit as recorded in Acts 2:4; 10:44-46 and 19:6?
 Yes No If no, are you seeking? Yes No

Do you have a systematic habit of personal devotions and Bible Study? Yes No

How do you pursue an ongoing relationship with God? _____

Have you ever been asked to leave a church for any reason? Yes No

If yes, please explain: _____

Spiritual Life:

Write your personal testimony. Include details regarding your conversion experience, experience with the Holy Spirit, and experiences critical to your spiritual development journey. (Please use the back of this sheet if you need more room.)

List of all other churches where you have attended regularly during the past 10 years:

CHURCH NAME	ADDRESS	TELEPHONE
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List all current and prior church work involving minors in the past 10 years (list each church's name and address, telephone number, type of work performed, age of minors, supervisor, and dates):

Church Name	Address	Telephone	Type Of Work	Age Of Minors	Supervisor	Dates
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PERSONAL REFERENCES (at least 3)

Please secure no less than 3 references.

- At least 1 reference should come from an organization that you have worked in relating to Minors if possible. (**Relatives shouldn't be used as references**)

NAME	ADDRESS	TELEPHONE	Office Use Note Date of Contact

STATEMENT AND CONSENT TO RELEASE OF INFORMATION

In consideration of the receipt and evaluation of this Application by Harbor Life Church of the Assemblies of God, I agree and represent that:

- The information contained in this Application is correct to the best of my knowledge.
- I authorize any references or any other person or organization, whether or not identified in this application, to give you any information (including opinions) regarding my character and fitness for service knowing that I do not have the right to inspect the information about me provided by any person to Harbor Life Church of the Assemblies of God. I hereby release any individual, church denominational agency or office, reference or any other person or organization, including record custodians, both collectively and individually, and whether or not identified in this Application, 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, except for the communication of knowingly false information. **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 release which I have read and understand. I understand that I may consult with an attorney before signing this document. A facsimile or photocopy of this authorization shall be as valid as the original. I further understand that a criminal records check may be conducted on me, and I consent to any such check.

I HAVE READ AND UNDERSTAND THE ABOVE PROVISIONS, AND AGREE TO THEM.

☞ **Applicant's Signature** _____ **Date** _____

Printed Name: _____

**** Witness If A Minor** _____ **Date** _____

(** If applicant is a minor, the parent or legal guardian must witness and agree to the terms)

WASHINGTON STATE PATROL

Identification and Criminal History Section
PO Box 42633, Olympia WA 98504-2633

REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830 THROUGH 43.43.845

(Instructions on Reverse Side)

<p>(A) REQUESTING AGENCY/ADDRESS</p> <p>Agency _____</p> <p>Attn _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>I certify this request is made pursuant to and for the purpose indicated</p> <p>Authorized Signature _____ Date _____</p> <p>Title _____ Area Code/Phone Number _____</p>	<p>(B) PURPOSE Check appropriate box</p> <p><input type="checkbox"/> Educational School District (ESD)/School District Volunteer -- no fee</p> <p><input type="checkbox"/> Non-Profit Business/Organization no fee (Excluding Schools & ESD's)</p> <p><input type="checkbox"/> Profit Business/Organization - \$35</p> <p><input type="checkbox"/> Adoptive Parent - \$35</p> <p>Fees: Make payable to Washington State Patrol by check, money order, or business account.</p> <p>Notary letters certifying the results are available upon request. There is an additional \$5.00 processing fee per notary seal.</p> <p>_____ Notarized Letter(s)</p>
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(C) APPLICANT OF INQUIRY (Please provide as much information as possible; name and date of birth are mandatory.)

Applicant's Name _____ Last _____ First _____ Middle _____

Aliases/Maiden Name(s): _____

Date of Birth _____ Sex: _____ Race: _____
Month/Day/Year

Social Security Number: _____ Driver's Lic. Number/State: _____ / _____

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute.

(D) WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

WSP Use Only

As of this date, the applicant named below has no record pursuant to RCW 43.43.830 through 43.43.845.

Requesting Agency _____

Applicant's Signature _____

Applicant's Name _____

Address _____

City/State/Zip _____

Applicant Right Thumb Print (Optional)

3000-240-430 (Rev 10/05)