

**APPLICATION FOR CHILDREN & YOUTH WORKERS and
BACKGROUND INFORMATION CONSENT FORM**

GRACE COVENANT CHURCH and ACADEMY, CORNELIUS, NC
CONFIDENTIAL

Office Use Only

Department: _____

Overseeing Pastor: _____

This application is to be completed by all applicants for any position (volunteer 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 and youth who participate in our programs and use our facilities.

* Identity must be confirmed with a state driver's license or other photographic identification (attach copy).

Legal Name: _____

Last

First

Middle

Maiden Name or other names used: _____

Present Address: _____

City: _____ State: _____ Zip: _____

How long at present address? _____

Home Phone: _____ Cell phone: _____ Email: _____

Former Address: _____

City: _____ State: _____ Zip: _____

How long at former address? _____

If less than 5 years as NC resident, please provide former counties and states of residence:

Date of Birth: _____ Place of Birth: _____

Social Security #: _____ - _____ - _____

Driver's License #: _____ State of License Issue: _____

The above information is required for identification purposes only and is in no manner used as qualification for employment. Grace Covenant Church abides by all applicable state and federal employment laws.

Have you ever been convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor? YES _____ NO _____

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

Were you a victim of abuse or molestation while a minor? YES _____ NO _____ UNSURE _____

If you prefer, you may discuss your answer to this question with the senior pastor rather than answering it on the form. Answering yes, or leaving the question unanswered, will not automatically disqualify an applicant for work.

Have you ever been convicted of, been accused of or practiced homosexuality? YES _____ NO _____

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

Have you ever been convicted of a criminal offense? YES _____ NO _____ If yes, please explain

(Attach a separate page if necessary): _____

(Continue on back of page)

PERSONAL REFERENCES

Name: _____
Address: _____
City, State & Zip: _____
Telephone: _____
Email: _____

Name: _____
Address: _____
City, State & Zip: _____
Telephone: _____
Email: _____

Name: _____
Address: _____
City, State & Zip: _____
Telephone: _____
Email: _____

BACKGROUND INFORMATION CONSENT FORM
APPLICANT AUTHORIZATION AND RELEASE FORM
GRACE COVENANT CHURCH and ACADEMY, CORNELIUS, NC

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 that they may have regarding my character and fitness for children/youth work. In consideration of the receipt and evaluation of this application by Grace Covenant Church and/or Grace Covenant Academy, I hereby release any individual, church, youth organization, charity, employer, reference, or any other organization, including record custodians, both collectively and individually, from any 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 Grace Covenant Church or Grace Covenant Academy and the International Church of the Foursquare Gospel and 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 I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement that I have read and understand.

I also hereby authorize Grace Covenant Church/Grace Covenant Academy and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment/service now and, if applicable, during the tenure of my employment/service with Grace Covenant Church/Grace Covenant Academy.

These above mentioned background information checks may include, but are not limited to, employment and education verifications, social security verification, driving record information, personal references, personal interviews and personal credit history. I further understand that an acceptable credit report and/or background check will allow me to continue the pre-employment/service process and that an unacceptable credit and/or background check may result in the discontinuation of my pre-employment/service process. I understand if I am hired/serving prior to the completion of the background check that an unacceptable background check will result in my termination.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any criminal background search prepared on me upon written request within a reasonable time after the date of such search.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to Grace Covenant Church/Grace Covenant Academy including but not limited to any courthouse, any public agency and all law enforcement agencies and any and all credit bureaus regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I release Grace Covenant Church/Grace Covenant Academy and/or its agents and any persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, of whatever kind, by me, my heirs and others making such claim or demand on my behalf, for procuring, selling, providing, brokering and/or assisting with compilation or preparation of the background information check hereby authorized.

Printed Name in Full

Applicant's Signature

Date

Witness' Signature

Date

(Continue on back of page)

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Background Check Forms, Cont.

Consumer, Investigative, and Direct Reports Authorization, Disclosure and Release

Name		Social Security no.	Date of birth (mm/dd/yyyy)*	
Street address		City	State	Zip Code
Driver's license no.	State of issuance	Any other names used		

By signing below, I hereby voluntarily authorize International Church of the Foursquare Gospel d/b/a _____ (legal name and code number of church, school, camp) ("Foursquare") to obtain "consumer reports" and "investigative consumer reports" about me from a "consumer reporting agency," and reports Foursquare may obtain directly, and to consider these reports when making decisions regarding my employment/volunteer position or potential position with Foursquare. The nature and scope of these reports are as follows. They may contain information on my character, general reputation, personal characteristics, and mode of living. They may also include, among other things, checks, records and/or information regarding: my criminal convictions (including, without limit, court, sex offender, incarceration and DMV records), social security number, current and prior employer(s)/supervisor(s) and/or references I provided, coworkers, neighbors, friends, associates or acquaintances, and verification of college degrees and professional licenses or certifications.

I understand that I have rights under the Fair Credit Reporting Act (and the California Investigative Consumer Reporting Agencies Act and other California law for California residents, the Government Data Practices for Minnesota residents, the Credit Services Organization Act for Oklahoma residents, the equivalent New York FCRA for New York residents, and the equivalent Maine FCRA for Maine residents) including the rights discussed in the separate disclosure statement(s) provided to me.

I authorize any governmental entity, law enforcement agency, institution, information service bureau, school, employer, supervisor, reference, or other person contacted by Church Volunteer Central (or other selected agency) or Foursquare, or their agents or volunteers, to furnish the information described herein.

I release and discharge from liability all persons, agencies, and entities providing the above information or reports about me to Church Volunteer Central (or other selected agency) and/or Foursquare. To the fullest extent permitted by law, I further release and discharge Foursquare and Church Volunteer Central (or other selected agency), and their agents, employees and volunteers, from any claims, damages, losses, liabilities, costs and/or expense arising from the retrieving and/or reporting of said information, including any consumer report or investigative consumer report.

I acknowledge a copy or telephonic facsimile of this document shall be valid as the original. If I am presently a resident of Maine or New York, I have reviewed the additional state law disclosure information attached.

Signature	Date
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If you would like a copy of any investigative consumer report sent to you at your address listed above, please check the box below.

- Yes, I would like to receive a copy of any investigative consumer report which may be obtained on me by a consumer reporting agency.
- If you would like to receive a copy via email, please provide your email address.

Your date of birth is requested to verify the information obtained is about you and not someone with the same or a similar name. It will not be used for employment purposes.