APPLICATION FOR MINISTRY

Lighthouse Assembly of God

This application is to be completed by all applicants for any position {volunteer or compensated} involving the supervision or any other type of ministry with 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.

1. YOUR INFORMATION

Last	First		Nickn M.I.	ame			
Address:			City	State	Zip		
Phone Number: ()		Al	·		-		
Date of Birth:	Email .	Address:					
2. WHERE WOULD YOU I	IKE TO VOLU	NTEER? (C	heck all areas of ii	nterest)			
☐ Nursery (infant- 2 yrs			uth Ministry (6 th -	12 th Grade)			
* * * *	☐ Toddlers (3yrs-5yrs)		Crostory / Hognitality				
☐ Rainbows (3yrs-K)	_		□ Greeters/ Hospitality□ Special Events (Outreaches, Church Dinners, etc.)				
☐ Missionettes- (Girls 1st- 6th Grade)		•	Security Watch				
☐ Royal Rangers (Boys							
3. AUTORIZATION FOR CR	RIMINAL BACK	GROUND C	<u>HECK</u>				
(All applicants must com check.) I hereby request a pertains to any record of whether local, state, or nany and all liability result request may rely on photon	a criminal back conviction in it ational. I hereb ting from such a	ground che s files or in y release an a disclosure	ck and the release any criminal file ny criminal law en . Any person or e	e of any inform maintained or nforcement ag	nation that n me gency from		
egal Name:			Place of Birth				
(Last	t, First, Middle)						
Cocial Cocumity Number	-		Date of Bi	rth			
social security Number							
Applicant Signature Require	d			Date			

4. CONFIDENTIAL INFORMATION The following questions are part of a process to help us provide a safe and secure environment. Have you ever been accused or convicted of the use or sale of illegal drugs? Y or N Have you ever used or do you currently use illegal drugs? Y or N Have you ever struggled or do you currently struggle with alcohol abuse? Y or N Are you presently facing charges for any criminal offense? Y or N Do you currently smoke? Y or N Have you ever been charged with a misdemeanor or felony? Y or N Have you ever been accused of or charged with any offense involving children? Y or N Do you have any health issues that could place another adult or minor at risk? Y or N Have you ever been diagnosed with a mental illness? Y or N Have you ever been denied legal custody of your child/ children in any legal proceeding including divorce decrees or settlement? Y or N We conduct a police background check on all adult applicants. Do you have any objections? Yor N If you answered yes to any of the above questions, please briefly explain. We at Lighthouse Assembly of God understand the life-changing power of Jesus Christ and are eager to hear how He has helped you. (Feel free to attach additional pages if needed).

5. CHURCH INFORMATION		
How long have you been attending L	ighthouse Assembly	of God?
How did you get connected with Ligh	nthouse Assembly of	God?
Please fill out the following informat attending Lighthouse Assembly of Go		t 2 churches you've attended prior to
Name of Church	How long did you attend?	Reasons for leaving
6. REFERENCES Please list 3 nonfamily references		
Name	Phone #	Relation to you
Δ	DDI ICANT'S STATE	MENT
	<u>PPLICANT'S STATE</u>	
they may have regarding my charac	es listed in this appleter and fitness for only damage that may rther understand the	lication to give you any information children's/ youth ministry, and I release result from furnishing such evaluations at a criminal history check may be
	l refrain from unscr	o the Constitution of Bylaws and policies iptural conduct in the performance of
I further state that I HAVE CAREFU CONTENTS THEREFORE AND I REI agreement, which I have read and u	LEASE AS MY OWN I	
Applicant's Signature		
Date		