

CONFIDENTIAL

9. List all previous **church-related** work. If you are applying to work with minors then you must include all work involving minors in the past: (attach sheet if more space is needed)

<u>Name of Church</u>	<u>Address (including Zip)</u>	<u>Type of Work Performed</u>	<u>Name of Pastor</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SPIRITUAL LIFE

- 10. Are you a born-again Christian? _____ When? _____
- 11. Have you been baptized in water? _____ When? _____
- 12. Have you been baptized in the Holy Spirit? _____ When? _____
- 13. Describe your private devotional time. _____

14. We believe that the physical body is the temple of God. With this in mind, and a scriptural understanding that spiritual leadership is to strive to provide a Godly model, will you abstain from using tobacco, alcohol, or illicit drugs while serving in ministry at Beach Freak? _____ If not, please explain: _____

15. We believe all faith and conduct must be evaluated on the basis of Scripture. God's Word shares that the ideal Biblical concept of human sexuality is heterosexual, monogamous relationship or celibacy (Genesis 2:18-24; I Corinthians 7:1-7). Accordingly, we affirm the Biblical stand that acts of incest, homosexuality, adultery, pornography, pedophilia, bestiality, or fornication are sin and are not to be part of the life of the Christian believer (Romans 1:27; I Corinthians 6:9-11). Will you conduct your life according to this belief? _____ If not, please explain: _____

Answers to questions 16 through 19 may be provided verbally to your pastor. Answering "yes" to any of these questions does not automatically disqualify you from working with minors.

16. Have you been involved in any type of counseling during the past 12 months? _____ If yes, explain: _____

17. Are you currently taking any drugs or prescription medication? _____ If yes, explain: _____

18. Have you ever been charged with, convicted of, or pleaded guilty to a crime? _____ If yes, explain: _____

19. Were you ever a victim of abuse or molestation as a minor? _____

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CHARACTER REFERENCES

20. Do this **AFTER** you have your references in hand. List six adult references. Do **not** list family, relatives, or pastors of your church. Complete addresses must be printed to be processed. Please **print** all information.

Name: ___ Mr. ___ Mrs. ___ Ms. _____

Address _____

City _____ State _____ Zip _____

Home Phone _(_____) _____ Work Phone _(_____) _____

Name: ___ Mr. ___ Mrs. ___ Ms. _____

Address _____

City _____ State _____ Zip _____

Home Phone _(_____) _____ Work Phone _(_____) _____

Name: ___ Mr. ___ Mrs. ___ Ms. _____

Address _____

City _____ State _____ Zip _____

Home Phone _(_____) _____ Work Phone _(_____) _____

Name: ___ Mr. ___ Mrs. ___ Ms. _____

Address _____

City _____ State _____ Zip _____

Home Phone _(_____) _____ Work Phone _(_____) _____

Name: ___ Mr. ___ Mrs. ___ Ms. _____

Address _____

City _____ State _____ Zip _____

Home Phone _(_____) _____ Work Phone _(_____) _____

Name: ___ Mr. ___ Mrs. ___ Ms. _____

Address _____

City _____ State _____ Zip _____

Home Phone _(_____) _____ Work Phone _(_____) _____

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PLEASE CAREFULLY READ AND COMPLETE THE FOLLOWING

APPLICANT'S STATEMENT

In consideration of the receipt and evaluation of this application, I agree, represent, and certify that the information contained in this application is correct to the best of my knowledge. Any misrepresentation or omission may be grounds for rejection or dismissal from any and all paid and volunteer positions.

I authorize any references, churches, organizations, prior employers, and any other person or organization, whether or not identified in this application, to release any information (including opinions) which they may have regarding my character and fitness to work with minors or in any leadership or ministry capacity. I hereby release any individual, church, youth organization, denominational agency or official, charity, employer, reference, or any other person or organization, whether or not identified in this application, including record custodians, both collectively and individually, 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, excepting to the communication of knowingly false information. I waive any right that I may have to inspect any information provided about me by any person or organization, whether or not identified by me in this application.

A facsimile or photocopy of this authorization, application, or other related documents shall be as valid as the original. I further understand that criminal records checks may be conducted on me, and I consent to such checks.

This is a legally binding agreement which I have read and understand. I understand that I may consult with an attorney before signing this document. 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.**

Applicant's Signature _____ Date _____