



Troy, MI | Howell, MI | New Baltimore, MI | Naples, FL

Primary Screening Form For Working With Children

Confidential

General Information

LAST NAME:	FIRST NAME:	MIDDLE NAME:
<i>Identity must be confirmed with a state driver's license or other photographic identification.</i>		DATE:
PRESENT ADDRESS:		
CITY:	STATE/ZIP:	
HOME PHONE:	CELL PHONE:	EMAIL:
FACEBOOK?:	TWITTER?:	
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	OCCUPATION:

Please indicate the area of children's ministry work you prefer:

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Nursery (0-3 yrs) | <input type="checkbox"/> Registration Desk | Preferred service time: |
| <input type="checkbox"/> Early Childhood (3-5 yrs) | | <input type="checkbox"/> Sundays |
| <input type="checkbox"/> Elementary (Grades K-5th) | | <input type="checkbox"/> Wednesdays |

Will you commit for at least one year?
 YES **NO**

What is the minimum length of commitment you can make?

What is the date you would be available to begin?:

What is the preferred method of contact for you?

EMAIL **TEXT** **HOME PHONE** **CELL PHONE** **FACEBOOK** **OTHER** _____

Authorization for Background Release of Information

In connection with my application for volunteer service with **LIFE CHRISTIAN CHURCH INTERNATIONAL**, I authorize **LIFE CHRISTIAN CHURCH INTERNATIONAL** and, or, ACCUFAX Div., Southvest Inc., their agent, to solicit background information relative to my criminal record history. I understand that **LIFE CHRISTIAN CHURCH INTERNATIONAL** may conduct inquiries into my background that may include criminal records, credit report, motor vehicle records, workers compensation records, personal references and other public record reports pertaining to me.

I release LIFE CHRISTIAN CHURCH INTERNATIONAL, their respective employees or ACCUFAX Div., Southvest Inc. their agent and employees and all persons, agencies and entities providing information or reports about me from any and all liability arising out of furnishing any such information or reports. I authorize LIFE CHRISTIAN CHURCH to perform reoccurring background checks every two years following the initial report date.

PLEASE PRINT

Requested by: 2486899922

Full Legal Name:

Date of Birth:

Other Names Used:

SS #:

Driver's Lic #:

State Issued:

Current Address :

City:

County:

State:

Zip:

How long at this address? (Months/Years):

Previous Address :

City:

County:

State:

Zip:

How long at this address? (Months/Years):

Previous Address :

City:

County:

State:

Zip:

How long at this address? (Months/Years):

SIGNATURE:

DATE:

List all city/states resided at since age 18: