



BACKGROUND CHECK INFORMATION

This form is to be completed by all applicants for any position involving the supervision or custody of minors. It will help our church family provide a safe and secure environment for all children and youth who participate in our ministries and use our facilities.

First Name: _____ Middle Name: _____ Last Name: _____

Maiden Name: _____ Social Security #: _____ Date of Birth: _____

Phone Number: _____ Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Have you ever been charged with, indicted for, or pled guilty to an offense involving a minor? ☐ Yes ☐ No

If yes, describe all convictions for the past five years:

Medical Background

List any condition or illness that we need to know about for the safety of students (Hepatitis, HIV, etc.)

List any condition or illness that we need to know about for your safety (epilepsy, asthma, fainting spells, etc.)

Applicant's Statement

The information contained in this application is correct to the best of my knowledge. If my application be accepted, I agree to be bound by the bylaws and policies of this church and to refrain from unscriptural conduct in the performance of my services on behalf of this church. I further state that I have carefully read the foregoing release and know the content thereof and I sign this release as my own free act. This is a legally binding agreement, which I have read and understand.

I grant permission for Crossroads to perform a criminal background check on me.

Signature: _____ Date: _____