



Dear Volunteer,

We are so pleased that you have decided to say yes to make a difference in our Children's Ministry. Thank you for helping us shape the future now, for God's purposes. We are excited that you have decided to join us on this very important mission.

Please read carefully our policy statement and thoroughly complete the attached paperwork. Please return all paperwork within seven days to the Church Office or our Children's Minister. You may call our Administrative Minister or Children's Ministers with any questions regarding the paperwork at 734-671-8300, or by email. Any of them will be glad to help in any way that they can.

Our Children's Ministry Staff has been praying for you and we are excited to see all that God will do in this upcoming year, both in the lives of the children, but in your life as well.

Thanks again!

For our kids & their families,

Randy Wheeler,  
SENIOR PASTOR



**TWIN OAKS CHRISTIAN CHURCH**  
 22333 King Road, Woodhaven, MI  
 Primary Screening Form  
 Children/Youth Work  
**Confidential**

**General Information**

NAME	LAST	FIRST	MIDDLE
Identity must be confirmed with a state driver's license or other photographic identification.			DATE:
PRESENT ADDRESS:			
CITY:		STATE/ZIP:	
HOME PHONE:	CELL PHONE:	WORK PHONE:	
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	MAIDEN NAME: (or other names you have gone by)	
OCCUPATION:	MAY WE CALL YOU AT WORK?: YES NO	E-MAIL:	

**Desired Involvement** (Check All That Apply)

**Worship Assemblies**

- Sunday, 9:00 a.m.                       Sunday, 10:30 a.m.

**Children and Youth Ministries**

- Nursery                                       Toddlers                                       Pre-School  
 Elementary (K-1<sup>st</sup> Grade)               Elementary (2<sup>nd</sup>-3<sup>rd</sup> Grades)               Elementary (4<sup>th</sup>-5<sup>th</sup> Grades)  
 Middle School                               Senior High

**Personal Information**

<input type="checkbox"/> Yes <input type="checkbox"/> No	Will you commit for at least one year? (Sept. – Aug.)	How long have you attended Twin Oaks Christian Church?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever participated in, been accused (founded or unfounded) convicted, pleaded guilty to, or no contest to abuse for any sexual misconduct?	

If yes, please explain:

<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever been accused, convicted of, pleaded guilty to, pleaded no contest to, or been charged with a criminal offense of any kind?
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If yes, please explain:

# Lifestyle Information

<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been treated for a psychiatric disorder?
If yes, please explain:	

<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been involved with the making, use or distribution of pornography?
If yes, please explain:	

<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any circumstances or patterns in your life which would make it inappropriate for you to serve with minors or would compromise the integrity of TWIN OAKS CHRISTIAN CHURCH?
If yes, please explain:	

<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you had more than one at-fault accident and/or moving violation?
If yes, please explain:	

<input type="checkbox"/> Yes <input type="checkbox"/> No	Has there been alcohol, drug, physical or sexual abuse in your personal or family background?
If yes, what steps have you taken to minimize the impact those issues will create for you? Attach a separate page if necessary.	

*Note: If you prefer, you may discuss your answer in confidence with the Children, Youth or other ministry staff rather than answering it on this form. Answering "Yes" or leaving the question unanswered will not automatically disqualify an applicant for children or youth work.*

**Personal References** (no relatives or employees)

Name:	Email:
Phone:	Address:

Name:	Email:
Phone:	Address:

Name:	Email:
Phone:	Address:

What skills, spiritual gifts, or talents do you have which might be useful in this position?

What training or experiences do you have which might be useful in this position?

If you could do anything for God without fear of failure, what would it be?



## Permission to Obtain a Background Check

*(This form authorizes the church to obtain background information and must be completed by the applicant. The church must keep this completed form on file for at least five years after requesting a background check.)*

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 any information (including opinions) that they may have regarding my character and fitness for children or youth work.

In consideration of the receipt and evaluation of the application by TWIN OAKS CHRISTIAN CHURCH, I hereby release any individual, church, youth, organization, charity, employer, reference, or any other person or organization, 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. I waive my rights that I may have to inspect any information provided about me by any person or organization identified by me in this application.

In the interest of safety and security I, the undersigned applicant (also known as "consumer"), authorize **The Twin Oaks Christian Church**, through its independent contractor, LexisNexis, to procure background information (also known as a "consumer report and/or investigative consumer report") about me, prior to, and at any time during, my service to the organization. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and the state sex offender records. I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to **The Twin Oaks Christian Church**, if such is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

Should my application be accepted, I agree to be bound by the Bylaws and policies of TWIN OAKS CHRISTIAN CHURCH, 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 ON MY OWN FREE ACT.** This is a legally binding agreement which I have read and understand.

I certify that all information provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration, and may result in my removal if discovered at a later date.

Signature:	Date:
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## Identifying Information for Background Information Agency

(also known as "Consumer Reporting Agency")

Print Name:						
Other Names Used (alias, maiden, nickname)						
Current Address:	Street/P.O. Box	City	State	Zip Code	County	Dates
Former Address 1:	Street/P.O. Box	City	State	Zip Code	County	Dates
Former Address 2:	Street/P.O. Box	City	State	Zip Code	County	Dates
Former Address 3:	Street/P.O. Box	City	State	Zip Code	County	Dates
Social Security Number:						
Home Telephone Number:						
Driver's License Number:		State of Issuance	Date of Birth	Gender		
Email Address:						

