

# CONFIDENTIAL

## Kids First Confidential Leader Screening Form

This application 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 preschoolers, children, and youth who participate in our ministries and use our facilities. (If necessary, please attach a separate sheet.)

*Information provided on this screening form, as well as records of contact with your references and former churches will be held in strict confidence. Staff members and department directors with a legitimate interest in this information are the only persons who will review this information.*

### Personal

Name \_\_\_\_\_ Date \_\_\_\_\_  
Present Address \_\_\_\_\_ Social Security # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Previous Address \_\_\_\_\_ List states of residence in the last 7 years: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Occupation \_\_\_\_\_ Marital Status  S  M  W  D  
On what date would you be available to begin? \_\_\_\_\_ What is your minimum length of commitment? \_\_\_\_\_  
Do you have a current driver's license?  Yes  No Please list your license number and state: \_\_\_\_\_  
Have you ever been charged with, indicted for, or pled guilty to an offense involving a minor?  Yes  No  
If yes, please explain (attach a separate page, if necessary): \_\_\_\_\_  
(If you prefer, you may refuse to answer the following question. Or you may discuss your answer in confidence with one of the pastors rather than answering it on this form. Answering yes or leaving the question unanswered will not automatically disqualify you.)  
Were you a victim of abuse or molestation while a minor?  Yes  No

### Church Activity

When did you make your profession of faith in Christ? \_\_\_\_\_  
When were you baptized? \_\_\_\_\_ Are you a member of our church?  Yes  No  
If no, please list church name and address where you are a member  
Church \_\_\_\_\_ Address \_\_\_\_\_ Telephone No \_\_\_\_\_

List name and address of other churches you have attended regularly during the past five years:  
Church \_\_\_\_\_ Address \_\_\_\_\_ Telephone No \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all previous church work involving preschoolers, children, or youth:  
Church \_\_\_\_\_ Address \_\_\_\_\_ Type of Work Performed \_\_\_\_\_ Dates \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all previous nonchurch work involving preschoolers, children, or youth:  
Organization \_\_\_\_\_ Address \_\_\_\_\_ Telephone No \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any gifts, calling, training, education, or other factors that have prepared you for teaching preschoolers, children, or youth:  
\_\_\_\_\_  
\_\_\_\_\_

### **MUST HAVE TWO Personal References (Individuals do not have to be local but cannot be relatives)**

	Name	Street Address	City	State	Zip Code	Telephone No
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____

(Continued on Reverse)

### **Applicant's Statement**

The information contained in this application is correct to the best of my knowledge. I authorize references or churches listed in this application to provide information (including opinions) they may have regarding my character and fitness for working with preschoolers, children, or youth. I release all such references from any liability for furnishing such evaluations, provided they do so in good faith and without malice. I waive any right I may have to inspect references provided on my behalf. Should my application be accepted, I agree to be bound by the bylaws and policies of LifeSpring Church and to refrain from unscriptural conduct in the performance of my services on behalf of the church. I acknowledge that I have received a copy of LifeSpring Church's *Kids First* child abuse prevention policies. 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**We want to remind you that this form, your responses, and your references are totally confidential. Having said that, if there is *any* reason why you should not work with our children (a current struggle or unresolved issue with pornography, prior abuse, substance addiction, etc.), please check this box.**