

Office Use			
Date Received: Approved: □Yes □No			
Admin's Name:	I		
A. Personal Information			
Name			
Any other names that you have ha	ad legally		
Name you want to go by			
Current Address			
City:	State:	Zip: _	
Permanent Address (if different) _			
City:	State:	Zip: _	
Home			
XXX-XXX-XXXX	XXX-XXX-XXXX		
Fax E	mail		
Date of Birth:			
mm/dd/yyyy			
Marital Information: □Single □	Married □Divorced □Remarried □Ann	nulled □Widowed	
If Married - Date of Marriage:	Full Name of Spou	ise	
Sex: □Male □Female T-Shirt si	ze:	Polo Shirt size:	
	e, please list T-Shirt size for men's sizes an		
B. Emergency Contact Inf	formation		
Emergency Contact:	Relationship to	o applicant?	
Address:		Day Phone:	
City	Chalce 71:	Mirela Direce	xxx-xxx-xxxx
Gity:	State: Zip:	ivignt Phone:	xxx-xxx-xxxx



C. Background Information

Have you ever been suicidal? □Yes □No
Have you ever been in any type of rehabilitation Program or facility? □Yes □No
If yes, please specify where and contact information
Have you ever been arrested or charged with any violation of a law or ordinance? □Yes □No
Have you ever been discharged or asked to resign from any job? □Yes □No
Do you currently or have you in the last five years: Used tobacco products □Yes □No Used illegal drugs □Yes □No
**If you replied yes to any of the questions in this heading, please attach a written explanation.
Have you ever been convicted of a crime? □Yes □No If yes, please state nature of offenses, when, where (exact location), and disposition on a separate page.
NOTE** Church of the Living God reserves the right to check all applicant records for criminal records prior to acceptance.
D. Personal Walk
Give date and place when you accepted Christ.
Have you been baptized in water? 2No 2Yes. Date and location
Evaluate your present spiritual relationship with the Lord. Describe the pattern of your personal devotional time.
How long have you attended Church of the Living God? Are you a member? □No □Yes
List (name and address) any other churches you have attended regularly during the past five years.
Have you taken the Alpha course? □No □Yes
Are you currently attending a Growth Group or Crew? No Yes. If yes, which one?



E. Skills, Giftings, and Ministry

Applicant's Signature	Date	Please Print Name	
inspired and authoritative Wor	d ot God.		
Holy Spirit. I believe that Jesu Himself as the perfect sacrifice conquer sin and death. Salvati lives in every Christian from the and makes available to every be	s Christ, the Son of God, was le for the sins of all people by ion is God's free gift to us and e moment of their salvation. I believer spiritual gifts and abilit	I that He is eternally existent in three Per born of the Virgin Mary, lived a sinless h dying on a cross. He rose from the dea is available only through faith in Jesus. I He provides the believer with power for ies for the building up of the Church. I be	uman life and offere ad after three days t believe the Holy Spiri living the Christian lif
Please read below and sign to indicate th pastor.)			
State your reasons for applying to this po	sition as a children's worker.		
□Special Needs Volunteer			
□Nursery Volunteer			
☐Sunday School Assistant (specify g			
□Sunday School Teacher (specify gr	ada laval)		
What position(s) are you applying for / in	terested in?		
What experience have you had working v	vith children?		
What ministries, both in CLG and elsewhe	ere, have you been involved in a	and to what extent?	
and a second of the second of the second		1. 1	



What do you believe about the Great Commission? Please accompany your answer with scripture backing.

Please read the following carefully and	sign below:			
Having prayerfully considered my desi	re to fulfill what I believe is God's wi	II for my life; I hereby apply to the position	ı of children'	
worker at Church of the Living God. I a	m aware that this application is the fir	st step in a journey and I am willing to walk t	through thes	
steps. I certify that all information and	d responses I have provided in this ap	plication are true. I authorize Church of the	Living God to	
nvestigate all of my responses herein f	or accuracy and completeness and I g	rant Church of the Living God my permission	to investigate	
		s. I understand that any false or misleading s		
			tatements, o	
omissions, made by me on this applicat	ion will be grounds for dismissal from	this ministry.		
Applicant's Signature	Date	Please Print Name	Please Print Name	
Parent/Guardian Signature	Date	Please Print Name		
(if applicant is under 18 years of age)				
F. References				
Please list 3 references, at least one bei been at Church of the Living God for les		ail is our preferred way to contact references ence from a previous church).	. (If you have	
Name:	Name:	Name:	Name:	
Relationship:	Relationship:	Relationship:	Relationship:	
Address:	Address:	Address:		
Phone #:	Phone #:	Phone #:	Phone #:	

(by mail) Church of the Living God, attn. Aaron Dion, 199 Deming St, Manchester, CT 06042

(by email) adion@clgonline.net with "Children's Ministry Application" in the subject line (by hand) submit to Welcome Desk in the foyer during a Sunday Service

Please return:



Church of the Living God Release and Authorization of Release of Information

To whom it may concern:				
concerning me, including, but agencies and references that I and agree that this release allelimited to, Child Protective Se to hold harmless from liability who provides information or volunteers, and agents with re-	t not limited to listed in my a cows the Departervices, to relay any person of the references above the to the orespect to the	, am a children's ministry vong God to contact any person or er o, the employers, organizations, surapplication. Without limiting the fortment of Social and Health Service ease information concerning me. I or organization (whether listed in rout me to Church of the Living Goobtaining of such information about led on my behalf. A copy of this results and the contact of the copy of this results.	ntity to obtain information apervisors, governmental oregoing, I understand es, including, but not hereby release and agree my application or not) od or its employees, t me. I waive any right I	
I have read this release and au	ıthorization o	f release of information, and enter	it freely and voluntarily.	
Social Security Number				
Address		Birth date (mm/dd/yyyy)		
Applicant's Signature	Date	Please Print Name	Date	
Parent/Guardian Signature (if applicant is under 18 years of age)	Date	Please Print Name	Date	
online database through Fello	wship One w	and checks will be kept in a secure ith access being limited to the Exe background checks shall be kept or	cutive Pastoral Staff and	

Background Check Policy

years after the date of termination of the employee or volunteer.



Our goal is to uphold the integrity of security and safety within Church of the Living God's (CLG's) children and youth ministries to the highest level. To do so, we require all employees and all volunteers 16 or older who serve within CLG and work with underage minors to have an updated approved background check. Our desire is to create an environment where parents feel confident in leaving their children with any volunteers and employees of the church.

In order to protect the safety and well being of the children entrusted to Church of the Living God's care, and in order to comply with Volunteers for Children Act (HR 2488) the church shall perform a background check on all recognized volunteers working with underage minors. In addition, the church shall perform a background check on all paid employees, whether full-time, part-time, temporary or seasonal. This background check is strictly limited to criminal activity, and does not in any way check financial records such as personal credit history. The report is made up of: a multi-state criminal search, the national sex offender search, a SSN validation and death index search, name and address history (going back 30 years), and an alias search.

If the church deems it necessary it shall as a matter of policy, *reserve the right* to disqualify and prohibit from serving any person who has been accused of, arrested for, convicted of, been on probation for, or received deferred adjudication for any disqualifying offense. Background checks shall be conducted on all employees and volunteers on <u>or before the date they are hired or allowed to serve</u>. The *right to disqualify* applies to any actual or alleged criminal conduct regardless of whether (a) any charges were subsequently dropped, (b) any charges resulted in a non-conviction such as probation, or (c) any conviction was expunged from the applicant's record.