

RETURN THIS FORM TO THE CHURCH OFFICE

### PERSONAL INFORMATION

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Provider: \_\_\_\_\_

### MEMBERSHIP

How long have you attended Good News? \_\_\_\_\_ Have you joined as a member of Good News? \_\_\_ Yes \_\_\_ No

### TESTIMONY

To help us know you better, briefly tell us about your relationship with Christ:

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### MINISTRY AREAS • HAVE YOU SERVED IN MINISTRY BEFORE? IF SO, WHERE?

Date: \_\_\_\_\_ Church: \_\_\_\_\_ Ministry/Activity: \_\_\_\_\_

Date: \_\_\_\_\_ Church: \_\_\_\_\_ Ministry/Activity: \_\_\_\_\_

Date: \_\_\_\_\_ Church: \_\_\_\_\_ Ministry/Activity: \_\_\_\_\_

### REFERENCES • PLEASE LIST 2 REFERENCES OTHER THAN FAMILY MEMBERS BELOW:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

### PREFERENCES & AVAILABILITY

I prefer to work in the following areas:

Kids Ministry (birth – 4<sup>th</sup> grade)       Route56 Ministry (5<sup>th</sup> and 6<sup>th</sup> grade)       Bridge Ministry (7<sup>th</sup> – 12<sup>th</sup> grade)

I am available:

Sunday mornings: 8:15   9:30   11:00       Wednesday evenings       Special events

# Background Authorization Form

Volunteers under 18 years of age, please skip this first section.

GOOD NEWS UNITED METHODIST CHURCH | 4747 HWY 98 W | SANTA ROSA BEACH, FL | 850-622-9191

During the application process or at any time during the tenure of my employment and/or as a volunteer with Good News United Methodist Church, I hereby authorize Good News United Methodist Church to procure a consumer report which I understand may include information regarding my character, general reputation, personal characteristics or criminal record.

This report may be compiled with information from court record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or criminal record.

SIGNATURE

DATE

Print Name: \_\_\_\_\_

Former Name(s) and Date Used: \_\_\_\_\_

Current Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Driver's License State: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

If at this address for less than 3 months, please give previous address(es): \_\_\_\_\_

Have you ever been convicted of a crime? Yes No If yes, what for? \_\_\_\_\_

## SAFE ENVIRONMENT POLICY ACKNOWLEDGEMENT FOR CHILDREN, YOUTH AND DISABLED ADULTS

I have received and read the Safe Environment Policy of Good News. I understand the information as stated in the policy as it regards to volunteering with children, youth, and disabled adults.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

## OFFICE USE

Name of in-taker: \_\_\_\_\_ (please print)

Attach results:  Negative  Positive