

Name _____

Ministry Area _____

Confidential Renewal Screening Form

Explanation

The information contained in this renewal screening form will be treated with the utmost confidentiality and respect. No one will have access to this form without proper authorization.

This is not an employment application.

Purpose:

To enable ministries to carry out their missions while safeguarding those they serve.

Values of the Program:

1. Protect minors/elderly/disabled
2. Protect volunteers and staff
3. Ministry support
4. Protect the Church and its members



crossings
COMMUNITY CHURCH

14600 N Portland Ave, Oklahoma City, OK 73134
405-755-2227 crossingsokc.org

Date _____

Full Name _____

Nickname _____

Maiden Name (or aliases) _____

Date of Birth _____ Gender M F

Social Security Number _____

Drivers License Number and State _____

Address _____

City _____ State _____ Zip _____

Phones: Home () _____

Work () _____

Cell () _____

Email Address: _____

Marital Status: Single Married Separated Divorced Widowed

Previous Address: *If you have lived in Oklahoma for less than 3 years, provide city, state and approximate dates of all addresses during this period.*

City _____ State _____ Dates _____

City _____ State _____ Dates _____

I hereby request and authorize the release of any information which pertains to any record of convictions contained in law enforcement files or in any criminal file maintained on me whether local, state or national. I hereby release local, state and national law enforcement agencies from any and all liability resulting from such disclosure.

I agree to refrain from unscriptural conduct in the performance of my services on behalf of the Church.

Crossings Community Church reserves the right to conduct additional background checks in the future for volunteers involved in long-term service.

I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a legally binding agreement, which I have read and understand.

Print Applicant's Full Legal Name _____

Applicant's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

(If applicant is a minor)