



# "SERVANT" APPLICATION

Crossover Community Church has a policy to keep a confidential file on each servant/volunteer, which includes a criminal background check. This safety policy gives children, parents and all of the staff a sense of confidence and peace. We ask cooperation in completing and returning this application.

## Personal Information

Name \_\_\_\_\_ Day and month of birth \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Where employed \_\_\_\_\_

Phone \_\_\_\_\_ Can you receive calls at work?  Yes  No

Do you have a current driver's license?  Yes  No License number \_\_\_\_\_

Spouse  Yes  No Name \_\_\_\_\_

Children  Yes  No Name(s) and age(s) \_\_\_\_\_

Are you currently a member of Crossover?  Yes  No If yes, how long? \_\_\_\_\_

Have you completed the "Discovering Crossover" class?  Yes  No

Please list other churches and locations where you have regularly attended over the past five years. \_\_\_\_\_

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Are you currently under a charge or have you ever been convicted of or pled guilty to child abuse or a crime involving actual or attempted sexual misconduct or sexual molestation of a minor?  Yes  No

If yes, please explain. \_\_\_\_\_

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Are you currently under a charge of have you ever been convicted guilty of or pled guilty to possession/sale of controlled substances or of driving under the influence of alcohol?  Yes  No

If yes, please explain. \_\_\_\_\_

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What is your view on alcoholic beverages and drugs (other than those for medicinal purposes)?

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## Church Activity

1. Please write a brief statement of how you became a Christian.

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2. In what activities/ministries of our church are you presently involved?

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3. Experience:

a. What volunteer or career experiences have you had in the church or the community?

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b. List any gifts, calling, training, education or other factors that have prepared you for ministering to others.

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4. Preferences: In what capacity and with what age group would you like to minister? Explain your choice.

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## Personal References (Not a former employer or relative)

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

Address \_\_\_\_\_

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

Address \_\_\_\_\_

## Applicant's Statement

The information contained in this application is true and correct to the best of my knowledge. I authorize any of the above references or churches to give you any information that they may have regarding my character.

I agree to adhere to the bylaws and policies of Crossover Community Church and to refrain from unscriptural conduct that would hinder my ministry and testimony, as well as the testimony of the church.

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



# Confidential Background Check Authorization

Print Name: \_\_\_\_\_  
(First) (Middle) (Last)

Former Name(s) and Dates Used: \_\_\_\_\_  
(Maiden) Year Married

Current Address Since: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

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

Telephone Number: \_\_\_\_\_

Drivers License Number/State: \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge. I hereby authorize **Crossover Community Church** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes.

I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, employment credit history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **Crossover Community Church** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

***I hereby release Crossover Community Church, the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.***

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

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