

Central Assembly of God Church
Sensitive Ministries Application

Area(s) of Ministry Applying For						
<input type="checkbox"/> Children Ministry	<input type="checkbox"/> Nursery Ministry	<input type="checkbox"/> Safety Ministry	<input type="checkbox"/> Security Ministry			
<input type="checkbox"/> Sunday School	<input type="checkbox"/> Teller	<input type="checkbox"/> Youth Ministry	<input type="checkbox"/> Other			
Identification Information						
Legal Name (Last, First, Middle)		Date of Birth	Sex	Race	Eye Color	Hair Color
Telephone # (with area code)	Email Address	Place of Birth (City and State)		Previous Name(s) [Maiden, etc.]		
Home Address		City	State	Zip Code	Years There	
Previous Address		City	State	Zip Code	Years There	
Previous Address		City	State	Zip Code	Years There	
<input type="checkbox"/> I am a member of Central Assembly of God Church			<input type="checkbox"/> I am a regular attender and not a member of Central Assembly of God Church			
Licenses and Certifications and Experience (attach photo copies of license)						
Driver's License #	Issuing State/Agency	Type	Date Issued	Date Expires		
Professional License Type/Title	Issuing State/Agency	License Number	Date Issued	Date Expires		
Professional License Type/Title	Issuing State/Agency	License Number	Date Issued	Date Expires		
I currently work , have worked or have experience in the following areas						
<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Fire Fighter	<input type="checkbox"/> Military	Medical Experience (Specify)	E.M.S. Experience (Specify)		
<input type="checkbox"/> CPR / AED	<input type="checkbox"/> First Aid	<input type="checkbox"/> Other	<input type="checkbox"/> DR <input type="checkbox"/> PA <input type="checkbox"/> NP <input type="checkbox"/> RN <input type="checkbox"/> LPN	<input type="checkbox"/> Paramedic <input type="checkbox"/> EMT <input type="checkbox"/> First Responder		
Character References (List 3 References that are NOT related to you)						
Name		Telephone Number		Relationship to you		
Other than traffic violations, have you ever plead guilty to or been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , give the offense, the dates plead guilty or convicted, case number, name and location of court that convicted you.						
Have you ever been found to have engaged in abuse or neglect of children or vulnerable adults under the laws of any state of the United States. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , provide the details and resolution.						

→ **Initial Here** _____ **I CERTIFY** that the information provided on this application is correct to the best of my knowledge. **I UNDERSTAND** I am applying for a trusted ministry position with Central Assembly of God Church and that any false statements made as part of this application will be sufficient cause for removal from any and all ministry assignments. I also grant permission for the leadership of this church to investigate my references and release said church, as well as any present or former employers, from any and all liability resulting from such investigation

→ **Initial Here** _____ **I UNDERSTAND** Central Assembly of God Church will conduct a background check on a national, state and local basis which will include criminal history, reference checks, license verification and driving records (if required for the ministry position).

→ **Initial Here** _____ **I GRANT PERMISSION** to the church to investigate any and all abuse charges and convictions. I agree to release the church from any and all liability resulting from such investigation. I understand that omission or misrepresentation of convictions, on my behalf, will be sufficient cause from denial or removal from a trusted ministry position immediately.

Signature	Printed Name	Date Signed	Initials
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Information Verifications					
ICHAT (Attach Copy of Webpage(s) as to results)					
	Date ✓	Findings	Verified By		
MPSOR (Attach Copy of Webpage(s) if findings)					
	Date ✓	Findings	Verified By		
MDOC OTIS (Attach Copy of Webpage(s) if findings)					
	Date ✓	Findings	Verified By		
Character References (Attach any and all notes)					
	Date ✓	Reference Name	Findings	Verified By	
1					
2					
3					
Licensure and Certification Verifications (Attach any and all notes)					
	Date ✓	License / Certification	How Verified	Findings	Verified By
1					
2					
3					
Pastoral and Ministry Leader Recommendation - Approval Sign Off					
	Date	Pastor Name	Signature	Approval <input type="checkbox"/> Yes <input type="checkbox"/> Not Now <input type="checkbox"/> NO	
	Date	Ministry Leader Name	Signature	Approval <input type="checkbox"/> Yes <input type="checkbox"/> Not Now <input type="checkbox"/> NO	
Safety / Security Team Review of Background Checking					
<input type="checkbox"/> Applicant is deemed ELIGIBLE for the ministry, a background check has been satisfactorily completed.					
<input type="checkbox"/> Applicant is deemed INELIGIBLE for the ministry at this time for the following reason:					
	Date	Security Team Director	Signature		

ICHAT= Internet Criminal History Access Tool
MPSOR= Michigan Public Sex Offender Registry
MDOC OTIS= Michigan Department of Corrections Offender Tracking Information System

ALL INFORMATION WILL BE TREATED WITH THE HIGHEST INTEGRITY AND HELD IN THE STRICTEST LEVEL OF CONFIDENTIALITY POSSIBLE.