



**Reference Information:** My listing reference information, you are giving permission for all to be contacted by First Family church.

Please list two references, other than family, that we may contact concerning your character and abilities in working with children and/or youth.

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

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

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

E-mail address: \_\_\_\_\_

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

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

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

E-mail address: \_\_\_\_\_

**Former Church Home(s):**

Please list the names and addresses and phone of your last two church homes.

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

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

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

Years Attended: \_\_\_\_\_

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

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

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

Years Attended: \_\_\_\_\_

**Release and Authorization**

I hereby authorize First Family Church to conduct personal references and judicial and law enforcement record inquiries pertinent to matters addressed in this questionnaire.

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Parental Signature (if under 18)

\_\_\_\_\_  
Date



**Confidential Information:** All information on this page is held strictly confidential and may only be reviewed by the Pastoral Staff and Children's Director.

The questions listed below are a part of our process to help provide a safe and secure environment for our children. First Family Church checks references and will conduct criminal background checks on potential volunteers and staff personnel. Is there anything that this process might disclose that you need to explain?  
No \_\_\_\_\_ Yes \_\_\_\_\_

Anyone who has committed, plead guilty to, or been convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor will automatically be disqualified for any position that involves access to children or youth, no matter how long ago the offense occurred.

This includes individuals who have experienced religious conversion since the incident. They are encouraged to withdraw their application (since completely it will automatically disqualify them for the service to which they are applying and may require mandatory reporting to the authorities). They are encouraged to work in another area of ministry. Likewise anyone who suffers from temptations in any of these areas is also encouraged to work in another area of ministry.

Have you ever had a felony conviction? No \_\_\_\_\_ Yes \_\_\_\_\_

Have you ever committed, been accused of, or had a conviction of a crime against persons, a sexual offense, or a crime affecting family relationships or children? No \_\_\_\_\_ Yes \_\_\_\_\_

Have you ever been or are you a practicing lesbian or homosexual? No \_\_\_\_\_ Yes \_\_\_\_\_

Have you ever had a court order find you to be a juvenile offender? No \_\_\_\_\_ Yes \_\_\_\_\_

Have you ever committed physical, mental or emotional abuse or neglect or sexual abuse as validated by either the Kansas Department of Social Rehabilitative Services or a comparable agency from another state?  
No \_\_\_\_\_ Yes \_\_\_\_\_

Date \_\_\_\_\_ Name of Agency \_\_\_\_\_

Have you ever had a child declared in a court order to be deprived or in need of care based on an alleged act of physical, mental or emotional abuse or neglect or sexual abuse?  
No \_\_\_\_\_ Yes \_\_\_\_\_

Have you ever had your parental rights terminated? No \_\_\_\_\_ Yes \_\_\_\_\_

Have you ever signed a diversion agreement involving child abuse or neglect or a sexual offense?  
No \_\_\_\_\_ Yes \_\_\_\_\_

Have you ever been asked to leave a church or a ministry for any reason? No \_\_\_\_\_ Yes \_\_\_\_\_

Are you aware if you currently have any communicable or contagious diseases (such as TB, HIV, hepatitis, sexually transmitted diseases)? No \_\_\_\_\_ Yes \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge. I understand that it is strictly confidential. I agree to abide by the policies of First Family Church and to refrain from any unscriptural conduct in any ministry in which I am involved.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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