

First Assembly of God

Screening Form for Volunteers Working with Minors

---- Confidential ----

All volunteers (age: 18+) working with minors must be a Voting Member of First Assembly of God.

To fully protect and care for our children/youth, we need the following information to be **completely filled out** ledgebly.

Please Print Legibly

Volunteer's Information

Name:	First Name	Middle Name	Last Name
Birthdate:	Month / Day / Year	Gender:	Social Security # - - -
Email:	Driver's License #:		

Current Address:	Street Address		
	City	State	Zip Code
Home #	Cell #		
Former Address City, State, Zip Code			

Background Questions

Please check the appropriate line: I have never been convicted of a crime.
 I have been convicted of the crime(s) listed below (Briefly describe).

Date and Place of Conviction Offenses & Sentencing/Fines	
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Circle Region: *Wahiawa* *East Honolulu* *Leeward* *Metro* *Red Hill* *Windward* *Hamakua*

Ministry Volunteering for: _____ **Care or Net Leader:** _____

Screening/Background Authorization

During the application process and at any time during my tenure as a children/youth volunteer with First Assembly of God, I hereby authorize First Advantage LNS Screening Solutions, Inc. (140 Fountain Parkway, Suite 410, St. Petersburg, FL 33716), on behalf of First Assembly of God to procure a consumer report which I understand may include information regarding my character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from courts record repositories, departments of motor vehicles 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. First Advantage LNS Screening Solutions, Inc. has trained personnel to explain any information that is furnished to you and any information that is coded. Also, I authorize First Assembly of God to obtain any other information they deem appropriate and/or necessary from any other agency/organization. I fully understand that said information will be held in high confidence and used solely for the purpose of determining my worthiness in working with children/youth for the sole purpose of protecting children/youth entrusted to the care of First Assembly of God.

Signature		Date	
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Driver's License/Photo ID required with form.

For Office Use Only:

NSOPW:	HCJDC:	E-Crim:
Initials:	Date:	PCO:
*If any Records are found, please attach them to this form.		

Regional Pastors Approval: _____ Member: Yes _____ No _____

Elders Approval: _____ Date: _____