



Journey's

CROSSING

Volunteer Application

Journey's Crossing: A Christian Church

Ministry Area: _____

Position: _____

Name: _____
Last First Middle

Address: _____
Street City Zip

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ E-mail: _____

Occupation: _____

Employer: _____ Full-time / Part-time

- What skills, spiritual gifts, talents, training or experience do you have which might be useful in this position?
- Will you commit to the mission and vision of JC and this ministry area for a year of ministry?
- Have you been convicted of a criminal offense? Yes / No (If yes, please explain)
- Have you been convicted of child abuse or sexual abuse or been involved in any activities related to molesting or abusing children/youth? If yes, please explain.
- What moving violations are on your driving record? Please list and explain.

References: (Please provide name and phone of three references, including a former supervisor)

1) _____ 3) _____
2) _____

I certify that all information provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration, and may result in my removal if discovered at a later date.

Signature: _____ Date: _____

Print Name: _____

Journey's Crossing: A Christian Church Permission to Obtain a Background Check

(This form authorizes the church to obtain background information and must be completed by the applicant. The church must keep this completed form on file for at least two years after requesting a background check.)

I, the undersigned applicant (also known as "consumer"), authorize **Journey's Crossing: A Christian Church** through its independent contractor, LexisNexis, to procure background information (also known as a "consumer report and/or investigative consumer report") about me. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and the state sex offender records.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to Journey's Crossing, if such is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

Signature: _____ Date: _____

Identifying Information for Background Information Agency (also known as "Consumer Reporting Agency")

Print Name: _____

First
Middle
Last

Other Names Used (alias, maiden name) _____

Current Address: _____

Street /P. O. Box
City
State
Zip Code
County
Dates of stay

Former Address: _____

Street /P. O. Box
City
State
Zip Code
County
Dates of stay

Social Security Number: _____ Daytime Telephone Number: _____

Driver's License Number: _____ State of Issuance: ____ Date of Birth: _____ Gender____