

CONFIDENTIAL SCREENING FORM

Child Evangelism Fellowship Inc.

This screening form is to be completed by applicants for any position, paid or volunteer, involving CEF[®] ministries, and will be used to help CEF provide a safe and secure environment for children. This is not an employment application. Anyone interested in employment by CEF will need to also complete a written application form.

Personal

Date _____

Name _____
Last First Middle

Identity confirmed with a state driver's license or other photographic identification

Present address _____

City/State/Zip _____ Telephone # _____

If explanatory notes are needed, please attach separate sheet and number to correspond with question

1. Please indicate the type of youth or children's work you prefer _____
2. Please indicate the date you would be available to begin _____
3. What is the minimum length of commitment you can make? _____
4. Have you ever been convicted of a crime?

___ Yes (If yes, please explain) _____

___ No

5. Do you have a current driver's license?

___ Yes (If yes, please write your driver's license number and state _____)

___ No

Church History and Prior Youth Work

6. Name of church of which you are a member _____

7. List (name and address) other churches you have attended regularly during the past five years

Church Name _____ Address _____

Church Name _____ Address _____

8. List previous church ministry involving youth during the past 5 years (list each church name and address, type of work performed, and dates) _____

9. List previous non-church involvement with youth during the past 5 years (list each organization name and address, type of work performed, and dates) _____

10. List any gifts, callings, training, education or other factors that have prepared you for children's ministries

11. Personal references (not former employers or relatives)

Name _____

Name _____

Address _____

Address _____

Telephone _____

Telephone _____

The information contained in this screening form is correct to the best of my knowledge. I authorize any references listed on this application to give you any information (including opinions) that they may have regarding my character and fitness for children's work. In consideration of the receipt and evaluation of this screening form by Child Evangelism Fellowship Inc., I hereby release any individual, church, youth organization, employer, charity, reference, or any other person or organization, both individually or collectively, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs or my family on account of compliance or any attempts to comply with this authorization, excepting only the communication of knowingly false information.

(check one) I waive | any right that I may have to inspect any information provided about me by any
 I do not waive | person or organization identified by me in this Screening Form.

As a volunteer or paid worker for Child Evangelism Fellowship Inc. I agree to abide by the child protection policy and to refrain from unscriptural conduct in the performance of my services on its behalf.

I have read the "Protecting Today's Child" brochure and agree to follow the policies and procedures in handling any child abuse situations that may arise.

I further state that I have read carefully the foregoing release and know the contents thereof. This is a legally binding agreement which I have read and understand.

Applicant's Signature _____ Date _____

Parent's Signature (if applicant is a minor) _____ Date _____

Witness _____ Date _____

Child Evangelism Fellowship® Background Check Authorization

Release Authorization:

1. In connection with my future involvement as a staff member or a volunteer working with children, I understand that *CEF*® will conduct a background check to determine my ability to minister in this role. It may include information concerning my character, work habits, performance and any court records that may have a bearing on my job responsibilities.
2. I acknowledge that a telephonic facsimile (fax) or photocopy shall be as valid as the original.
3. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, church or non-profit organization, reference, or insurance company contacted by *CEF* or its consumer reporting agency or its agents, to furnish the information described above.
4. I understand that if any of those records contains information which is used to deny my employment by *Child Evangelism Fellowship*, that I will be notified of my rights and where I can obtain a copy of the information.

Identifying Data (Please print)

Applicant's Name (Last, first, middle initial)				Date of Birth		
				Mo.	Day	Yr.
Sex	Race	Social Security Number	Driver's License Number	State		

Background Information

All Nicknames		
Maiden Name		
All Aliases		
Present Address (Street, City, State, Zip)		
All Previous Addresses for the Past 5 Years (Use back of sheet if necessary)		
Signature	Date	Telephone Number

All information acquired will be used within *Child Evangelism Fellowship* organization as it pertains to employment or volunteer work with children unless signified otherwise in writing upon completion of this form.

A different form may be required by the reporting agency or state government agency you are using.



Child Evangelism Fellowship®