

Position Desired: _____

Date: _____



SAFE 'N SECURE

Authorization - Adult

Thank you for willingness to serve at Brooklife. It is our desire to provide a safe and secure environment. We believe that all who volunteer, or are in a leadership role would want to promote that kind of environment; thus, we must get as much information as possible about our volunteers and leaders. Thank you for taking time to fill this out completely and accurately!

Please Print Clearly

Full Legal Name: _____ Male Female
First Middle Last

Preferred Name _____ Youth, under 18 Single Married Divorced Widowed

List any other names you have used *including maiden name* _____

Current address _____
Street City State Zip

I have lived in the state of Wisconsin for at least five years (includes college). Yes No (If no, please fill out page 5)

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

How long have you attended Brooklife Church? _____ Are you a member Yes No

If attendee less than 1 year; Previous Church _____ How long _____ Phone _____

Current Employer _____ Position _____

CONFIDENTIAL

Background Check Authorization

Conducting a thorough background check on potential employees and volunteers is an important part of protecting Brooklife ministry people and its financial asset.

Please read carefully before signing the acknowledgment

Brooklife Church may obtain information about you from a consumer-reporting agency for employment purposes. The report may contain information bearing on your character, general reputation, including but not limited to criminal and driving records. The report may be obtained for public or private sources (or in the case of an investigative consumer report, through personal interviews with your neighbors, friends and associates). You have a right to request disclosure of the nature and scope of any investigative consumer report. For a copy of this report, please contact Protect My Ministry 18946 N Dale Mabry Hwy, Suite 101, Lutz, FL 33548 (800) 319-5581 protectmyministry.com

Acknowledgment and Authorization

I hereby authorize Protect My Ministry, LLC to request and obtain the above-referenced consumer reports at any time during the application process and once a year if still serving or when Brooklife Church deems necessary.

The information contained in this authorization is correct to the best of my knowledge. I hereby authorize Brooklife Church and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to Brooklife Church or its agents.

**Brooklife Church and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect personal information, including, but not limited to, addresses, social security numbers, and dates of birth or persons authorizing Background Checks.

The following information will not be used to discriminate against anyone in the selection process at Brooklife Church, but is requested for records and Criminal History Requests.

Birthday: Month _____ Day _____ Year _____
 Race: Asian Black Hispanic Indian Unknown White
 Social Security # _____ Male Female
 Drivers License Number _____ State Issued _____

Signature: _____

Date: _____

Please list your experience (relevant to position desired) from the last five years including church or organization names and locations, along with supervisor's name, and your responsibilities:

Please give a brief testimony of how you came to know Jesus Christ (Use a separate piece of paper if needed).

Briefly describe your current relationship with the Lord.

Why would you like to serve in a ministry here at Brooklife?

CONFIDENTIAL QUESTIONS

**If you answer yes to any of these questions, please give an explanation on a separate sheet of paper.
(If you would rather discuss these questions with one of the pastors, please feel free to do so.)**

- No Yes Do you have any physical restrictions that would prevent you from performing the necessary tasks in the position for which you are applying?
- No Yes Do you have any medical condition that might endanger anyone due to its contagious nature?
- No Yes Have you ever been convicted of or pleaded guilty or no contest to any criminal offense of any kind?
Please describe the incident
- No Yes Have you ever participated in, or been accused of, convicted or pleaded guilty or no contest to abuse (emotional, physical, sexual) or any sexual misconduct? Please describe the incident.
- No Yes Is there any reason to question your ability to be a Christian role model in the areas of moral integrity or substance abuse?
- No Yes Is there anything else that you think would be important for your potential leaders in this ministry to understand about you?
- No Yes Do you possess any traits or tendencies that may pose any threat to children, youth or adults with disabilities? If so, please explain

References - Confidential

Applicants Goes By Name _____

Position Requested _____ Date _____

Please **list 2 personal references at least 18 years of age (NO former employers and NO relatives)**, who know you well and we may contact. One of these may be a Brooklife pastor, elder, or ministry leader. (The pastor of the ministry for which you are applying cannot be used as a reference.) For each reference, please provide the following information:

#1 Name _____
 Phone: (H) _____ (B) _____
 Street _____
 City _____ ST _____ Zip _____
 Nature/Length of Association _____
 Email _____

#2 Name _____
 Phone: (H) _____ (B) _____
 Street _____
 City _____ ST _____ Zip _____
 Nature/Length of Association _____
 Email _____

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Follow Up (for Office Use only)

Suggested opening (personal or phone)

Hello, I am _____ with Brooklife Church. _____ has given us your name as a reference to verify his/her character. He/she will be involved with the church working with children/youth under 18 years of age. If you have time, I would like to ask you a few questions about him/her.

	Reference #1	Reference #2
Reference's Name		
Date Contacted		
How long have you known _____? In what capacity?		
What strengths do you believe he/she possesses?		
Any areas of concern we should be aware of?		
Any other information you would like to share to help us in our assessment?		

"Thank you for your help."

 (Name of Approved Screening Coordinator conducting follow up)

Date _____

This person is released for service. Yes No

Other States Lived:

PLEASE PRINT YOUR NAME: _____

If you have **NOT** lived in the state of Wisconsin during the **last ten** years.
List the addresses for the states you have lived in.

From: _____ (year)	to: _____ (year)	My last name was _____
_____	_____	_____
(street name)	(City)	(State)

From: _____ (year)	to: _____ (year)	My last name was _____
_____	_____	_____
(street name)	(City)	(State)

From: _____ (year)	to: _____ (year)	My last name was _____
_____	_____	_____
(street name)	(City)	(State)

From: _____ (year)	to: _____ (year)	My last name was _____
_____	_____	_____
(street name)	(City)	(State)

From: _____ (year)	to: _____ (year)	My last name was _____
_____	_____	_____
(street name)	(City)	(State)

Over Please

From: _____ to: _____ My last name was _____
(year) (year)

(street name) (City) (State)

From: _____ to: _____ My last name was _____
(year) (year)

(street name) (City) (State)

From: _____ to: _____ My last name was _____
(year) (year)

(street name) (City) (State)

From: _____ to: _____ My last name was _____
(year) (year)

(street name) (City) (State)

From: _____ to: _____ My last name was _____
(year) (year)

(street name) (City) (State)

Please add as many sheets of paper as necessary
and include all information asked above.
Thank You.