

Children's Ministry Application

Please complete this questionnaire in its entirety and return to the church office at: $19767~SW~72^{nd}$ Avenue, Suite 105

Tualatin, OR

Or mail to: Athey Creek Christian Fellowship

Children's Ministry P.O. Box 534 Tualatin, OR 97062

If you have any questions, please call the church office at 971.327.2120.

BACKGROUND CHECK: The following information is required to conduct a thorough background check. Please fill out form completely. Information will remain confidential.

Legal Name:					
Last Social Security #: Driver's License #:		First	Middle	Maiden	len Nam
		Date of Birth:			
		State Issued:			
Physical Address:					
	Number	Street		Apartment #	
_	City	State	Zi	p Code	
Have you lived in any	other states? (Ple	ase List):			
Do you use illegal dru	gs:		Y	ES/NO	
Do you have any com	municable disease	es:	Y	ES/NO	
Have you been arreste	d or convicted of	a crime:	Y	ES/NO	
If you answered yes to	any of the above	questions, please	e explain:		-
Why are you interested	d in helping with	the ACCF childre	en's ministry? : _		_

Please provide two nor	n-related personal re	eferences:		
1.) Name:	Phone #:			
2.) Name:	Phone #:			
•		•	a different name?	
Place of Employment/	School:		Type of Work:	
How long have you att	ended ACCF?			
Please describe your re	elationship with Jest	us Christ:		
What kind of ministry	have you been invo	olved with	in the past? :	
Last three churches att				
	•		Reason for leaving: Reason for leaving:	
	_		Reason for leaving:	
going with the ACCF of Mailing Address: (If different from Physical address)	children's ministry. Street Address/			
_	City	State	Zip Code	
Home Phone #:			Other Phone:	
Emergency Contact:	Emergency Contact:		Phone #:	
-The information pro security number ver provider.- Athey Creek Christ	vided in this quest ification and crim ian Fellowship is a e to obtain any nec	tionnaire i inal histoi uthorized	is correct to the best of my knowledge. may be used to obtain social ry reports from a third-party to contact the references supplied formation regarding my assistance	
Applica.	nt Signature		 Date	