



NEW YORK DISTRICT ASSEMBLIES OF GOD
STAFF APPLICATION



Outpost Staff Position _____
OP Coordinator, AR Group Leader, DR Ast Group Leader, ETC.

Outpost # _____

Section _____

Today's date _____

Name _____ Female ___ Male ___ Birthday _____ Age _____

Address _____ City _____ State _____ Zip _____

Phone () _____ E-mail address _____

Soc. Sec.# _____ Marital Status Single ~~XXXX~~ married ~~XXXX~~ other _____
(required)

C@& last year of education completed: (optional)

Elementary/Middle: 6, 7, 8, 9

High School: 10, 11, 12

College: 1, 2, 3, 4

Name of institution c@& ed: _____

Address: _____

Condition of health (mark one): excellent [] good [] poor []. Please list any physical disabilities that would restrict your work at Ranger events: _____

Name of church you attend: _____

Church Address: _____ Pastor: _____

Are you a member? _____ Date saved _____ Date filled with the Holy Spirit _____

List names and addresses of other churches you have attended during the past five years: _____

Have you ever led a person to a salvation experience in Jesus Christ? _____

Are you able to lead others in prayer and Bible devotions? _____

Do you use tobacco? _____ Drink alcoholic beverages? _____ Use illegal drugs? _____

Have you ever been a victim of sexual abuse? _____

(NOTE. answering "yes" or leaving this question unanswered, does not automatically eliminate you from serving.)

Have you ever been charged with, convicted of, or pled guilty to a criminal offense (excluding minor traffic violations)? _____ If so, please explain _____

List previous church work: (include location) _____

(over)

List previous non-church work involving minors: (include location) _____

List any gifts, callings, training, education, or other factors that have prepared you for work with children/youth _____

Do you have any of the following certifications?

EMT _____ First Aid (First Responder) _____ CPR (BLS) _____

Do you hold a degree in nursing? _____ (Yes or No)

Do you have any other professional training that you feel would contribute to this event? _____

PERSONAL REFERENCES (THAT ARE NOT RELATIVES)

Church Reference

Non-Church Reference

Name: _____
Address: _____
City: _____
State/Zip _____
Telephone () _____

Name: _____
Address: _____
City _____
State/Zip _____
Telephone () _____

REQUEST FOR CRIMINAL RECORDS CHECK / AUTHORIZATION

I hereby request any police department to release any information which pertains to any record of convictions contained in its files or in any criminal file maintained on me whether local, state, or federal / hereby release said police department from any and all liability resulting from such disclosure.

Signature

Place of birth

Drivers License # State

Printed name

Printed maiden name if applicable

Background check: Local , State , Federal

Agency used: _____

APPLICANT'S STATEMENT

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for working with minors. In consideration of the receipt and evaluation of this application by the New York District, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

Should my application be accepted, I agree to be bound by the policies and the Constitution and Bylaws of the New York District Assemblies of God, and to refrain from unscriptural conduct in the performance of my services.

I further state that I **HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a legally binding agreement which I have read and understand.

Applicant's signature _____ Date _____

Witness _____ Date _____

New York State requires that two references are on file for each application.
Please make sure that all three documents are sent to:

Return Forms to:
Your Local Church Screener