

OUTPOST# _____

SECTION _____

NEW YORK MINISTRY NETWORK AUTHORIZATION FOR PREVIOUSLY APPROVED STAFF APPLICANTS

In that an original application and references are on file, we are using this form to update our records. Great reliance is placed on the representation of each applicant's pastor, youth pastor, or church board member that there are no facts or allegations that raise any question concerning an applicant's suitability for working with minors. **PLEASE HAVE YOUR SENIOR PASTOR, YOUTH PASTOR, OR A CHURCH BOARD MEMBER COMPLETE THE FOLLOWING CERTIFICATION. CHOOSE SOMEONE WHO KNOWS YOU BEST. DO NOT USE SOMEONE WHO IS RELATED TO YOU.** Check if any information has changed since last filed

To be filled out by applicant: **Legal Name** _____

Address _____

City, State, ZIP _____

Phone (____) _____ - _____ e-mail _____

Any criminal charges or convictions since last application? yes no _____

Church you attend _____

Church Address _____

Name of Pastor _____

Applicants signature _____ Date _____

Witness _____ Date _____

To be filled out by the Pastor:

I approve/disapprove of _____ to work at ministry events

(Check one)

(Name of applicant)

sponsored by the NY. District or one of its fellowship sections. He/she was approved and has attended a previous event. He/she is in good standing with me and the church. To the best of my knowledge all the above is true.

Signature of Pastor _____

REFERENCE'S CERTIFICATION *(not a relative)*

I am personally acquainted with the applicant, and in my opinion he or she is competent and qualified to work with minors of any age. I know of no facts or allegations that raise any questions concerning his or her suitability for working with minors in any activity.

I prefer to discuss my response by telephone. I can be reached at the following number during the day _____ evening _____

I am: staff pastor ; church board member ; other . _____
(Please check one)

*Legible signature
(must not be same person above)*

This authorization is valid for one calendar year. From: _____ To _____

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