

Clay Church Ministry Partner Application and Background Check Authorization

Print Name _____
First Middle Last

Best time to be contacted _____ AM _____ PM

Current Occupation _____

Employer _____ Part Time Full Time

Please provide the names and phone numbers of three personal references not related to you
Name Home Phone Work Phone

I would like to be a ministry partner with _____ FaithWorks! _____ Firehouse

I am willing to drive for FaithWorks! and/or Firehouse events _____ yes _____ no

How long have you attend Clay Church? _____ years

Are you a member of Clay Church? _____ Yes _____ No _____ in the process

Attending worship at _____ 9:15 _____ 10:45 _____ Firehouse

How will serving in FaithWorks! or Firehouse effect your worship? _____

Clay Church volunteer/ministry positions held in the past _____

Other church(es) attended and volunteer/ministry positions held _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM



A United Methodist Community of God's Love!
17646 Cleveland Road • South Bend, IN 46635
www.ClayChurch.com

8/6/15 rev

Because Clay Church cares for all persons on our campuses, we ask you to please answer the following questions. We understand the following questions are personal and we will protect your privacy.

NOTE: This document will be shredded once the background check has cleared.

Have you ever been charged with or committed a crime (regardless of age), including criminal traffic violations? _____ Yes _____ No

If yes, please supply date (minimally the year) & explain charge: _____

Is there anything in your past or present that would prohibit you from effectively ministering to Clay Church? _____ Yes _____ No

If yes, please explain _____

Identifying Information for Background Information Agency

(also known as "Consumer Reporting Agency") **PLEASE LEGIBLY PRINT ALL INFORMATION**

Legal Name _____
Last First Middle

Current Address _____
Street City State Zip

Main Phone _____ Work Phone _____
Cell Phone _____ E-mail _____

Other name(s) and date(s) when used _____
(i.e. alias, maiden, nickname)

Previous address(es) of past 5 years _____
with Applicable Dates _____

Social Security Number _____

Date of Birth _____ Gender _____

Background Check Authorization

This form authorizes the church to obtain background information and must be completed by the applicant.

The information contained in the application is correct to the best of my knowledge. In the interest of safety and security I, the undersigned applicant (also know as "consumer"), authorize Clay Church through its independent contractor, LexisNexis, to procure background information (also known as a "consumer report and/or investigative consumer report") about me, prior to, and at any time during, my service to the organization. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and the national sex offender records.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to Clay Church, if such is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

Printed Name _____

Signature _____ Date _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM