



## Application for Security Team Service

Date: \_\_\_\_\_

Last: \_\_\_\_\_ First: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long have you lived in the Washington PA area? \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Marital Status:  Single  Married  Separated  Divorced  Widowed

Spouse's Name: \_\_\_\_\_

How long have you attended Life Church? \_\_\_\_\_

Are you involved in a Life Group / Bible Study? \_\_\_\_\_

### Background Information

Have you ever worked in this type of ministry before? \_\_\_\_\_

If yes, where? \_\_\_\_\_

Have you ever had, or suspected you had, an addiction to drugs, alcohol, pornography, and/or any other addictions that might hinder your abilities as a security person?  No  Yes

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been arrested, convicted of, and/or plead guilty to a crime?  No  Yes

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been accused of, charged with, and/or alleged to have committed any act of neglecting, abusing, molesting, and/or battering any child or adult? \_\_\_No \_\_\_Yes

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been treated for a psychiatric disorder? \_\_\_No \_\_\_Yes

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any circumstances in your life that would make it inappropriate for you to serve with minors, or that would compromise the integrity of Life Church? \_\_\_No \_\_\_Yes

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## References

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Length of time known: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Length of time known: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Length of time known: \_\_\_\_\_ Phone: \_\_\_\_\_

## Availability

Service: \_\_\_ 9am \_\_\_ 11am

Service per month: \_\_\_ One \_\_\_ Two \_\_\_ Three \_\_\_ Four \_\_\_ As needed

Other notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Background Check Information

Please provide both a copy of a valid PA driver's license, and a valid permit to carry arms if you carry a weapon.

Print full legal name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Former address (past 10 years): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Applicant's Statement**

All information contained in this applications is true and correct to the best of my knowledge. I understand that the staff at Life Church will contact my references and I authorize those references to give any information they may have regarding my character and ability to work with minors. I release all persons or organizations from any liability for damages resulting from such disclosures. I also authorize the release of any information pertaining to records of convictions contained in law enforcement or criminal files. I release all local, state, and national agencies from liabilities as well.

Should I undertake the position of a security volunteer at Life Church, I agree to refrain from unscriptural conduct in the performance of any duties on behalf of the church

Finally, I state that I have carefully read the above statement and understand it. I also understand that this is legally binding agreement.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return this application via mail to Life Church, 100 N Main St Washington PA, 15301. You may also drop it off at our office. Call 724-222-1140 for office hours.