

**CONFIDENTIAL: (pp. 4-7)  
For Business Office  
Use Only**

# COH Screening Form

Integrity. Uprightness.

This portion of the application is optional for minors. This screening form is to be completed for any position (volunteer or compensated) involving the supervision or care of preschoolers, children and/ or youth ages 17 or under. This is not an employment application form. Persons seeking a position in the church as a paid employee will be required to complete an employment application in addition to this screening form. This form is being used to help the church provide a safe and secure environment for those children and youth who participate in our programs and use our facilities. *Note: Please print legibly.*

PLEASE USE THE BACK OF THE FORM IF NECESSARY.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
                    LAST                    FIRST                    MIDDLE

SOCIAL SECURITY NUMBER: \_\_\_\_\_

ALIAS/Maiden Name (If applicable): \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOW LONG HAVE YOU LIVED AT THIS ADDRESS? \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

DAY PHONE: (     ) \_\_\_\_\_ EVENING PHONE: (     ) \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

1. List the names and addresses of other churches you have attended regularly during the past five (5) years:

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2. List any previous church work involving preschool, children and/or youth: (if more, write on back)

Church's Name	Church's Complete Address	Pastor's Name	Type of Work Performed	Date Served

3. List any previous non-church work involving preschool, children and/or youth:

Name	Address	Telephone number (s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Personal References who have known you a minimum of 3 years - not relatives. Please give us the name, address, telephone number(s) and e-mail address (if applicable):

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_

**The responses to the following questions will be kept confidential in the Children's Ministry Screening Department.**

5. Have you ever been accused of or convicted of any form of child abuse? – Including Misdemeanors

No                       Yes

If yes, please explain. (Attach a separate page if necessary.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Have you ever been accused of or convicted of any involvement with illegal drugs? (Including Misdemeanors)

No

Yes

If yes, please explain. \_\_\_\_\_

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7. Have you ever been convicted of any other criminal offense? (Excluding traffic misdemeanors)

No

Yes

If yes, please explain. \_\_\_\_\_

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8. Is there any other fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance and care of preschoolers, children and / or youth?

No

Yes

If yes, please explain. \_\_\_\_\_

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9. Do you have a current driver's license?

No

Yes

If yes, please list your driver's license #: \_\_\_\_\_

10. Has your driver's license ever been suspended or revoked?

No

Yes

If yes, please explain.

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## PRESCHOOL, CHILDREN OR YOUTH WORKER'S STATEMENT

The information contained in this screening form is correct to the best of my knowledge. I authorize any references or churches listed in this form to give you any information (including opinions) that they may have regarding my character and fitness for work with minors. In consideration of the receipt and evaluation of this form by Church of the Harvest, Inc., 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 my family, on account of compliance or any attempts to comply with this authorization. I do hereby explicitly grant permission to Church of the Harvest to perform any and all personal background checks as they deem fit, which can include, but is not limited to a national background check as well as contacting any and all applicable state law enforcement agencies. 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 screening form or during this screening process.

Should my application be accepted, I agree to be bound by the By-laws and Policies of Church of the Harvest, including the policies in the Volunteer Handbook. I further understand that if for any reason I am unable to support the policies, procedures or doctrine of Church of the Harvest or if my leaders deem I do not support those policies, procedures or doctrines, I will gracefully resign my involvement with minors. Additionally I do understand that Church of the Harvest is entitled to terminate my involvement with minors without expressed cause or prior notice.

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

*If the person completing this form is a minor, parent of said minor must sign the following.*

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

## NOTICE OF REQUEST FOR CRIMINAL OFFENDER INFORMATION

I give the Personnel Office of Church of the Harvest permission to submit my name and Social Security number, birth date or any other information they deem necessary to an Idaho law enforcement agency or similar law enforcement agencies in other states as well as any other national back ground check agency. I understand the purpose of this is to provide Church of the Harvest with any information on file with state law enforcement agencies.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
SS#

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

***Applicant must sign this form unless the applicant is a minor.***

***If the applicant is a minor the parent of the minor must sign this form.***