



General Information

Name _____ Birthdate _____
 Address _____ Status Married Single
 City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____
 Cell Phone _____ E-Mail _____

Church Background

Are you a Westport Church member?

List previous churches that you have regularly attended during the past five years:

Church Name	City, ST	Phone #	Pastor's Name
1.			
2.			
3.			

Do you have your written testimony on file at Westport Church? Yes No

If you answered no to the question above, please provide your written testimony with this application.

Please describe your previous experience working with children either as an employee or volunteer. Explain in what capacity and for how long.

List any education or training that has prepared you to work with children.

Personal References

Please list 3 (non-familial) people that we may contact to discuss your potential volunteer services in the Westport Children's Ministry. At least two references must have known a minimum of 2 years.

Name	Address	Phone
1.		
2.		
3.		

Waiver

By signing below, I certify that all of the information is true to the best of my knowledge and I waive the right to inspect references and the right to hold the church liable for damages that may result from such evaluations. I also understand that I cannot serve anywhere in the children's ministry without approval from the pastoral staff and the elders of Westport Church and that this approval may require a personal interview with a member of the Westport team and a background check with the State of Oregon.

Signature _____ Date _____



By my signature below, I hereby authorize Westport Church to conduct a personal background inquiry which may include but is not limited to: a criminal history report, civil background check and address verification on a local, state and national level. I hereby release Westport Church and its agents from any and all liability resulting from such inquiry.

I understand that I may obtain a copy of the Criminal History Report and other such inquiries and will be given the opportunity to challenge the accuracy and completeness of this report and obtain a prompt determination as to the validity of the challenge before a final determination is made by Westport Church.

General Information	
Print Full Name	Maiden Name
Alias (Not Nickname)	Date of Birth
Driver's License Number / State of Issuance	Social Security Number
Provide Previous 10 Years Residence History. Attach additional sheets if more space is needed.	
Current Address (Street / City / State)	Years at this Residence From: To:
Previous Address (Street / City / State)	Years at this Residence From: To:
Previous Address (Street / City / State)	Years at this Residence From: To:
Signature	Today's Date

In order to protect the children who attend activities at Westport Church, the Board of Elders requires the name of every new volunteer in the children's ministry to undergo a criminal history background check. Information provided by this check will not necessarily disqualify a candidate from serving in the children's ministry. However, the prospective volunteer will have limited service in the children's ministry until the background check is complete. All information will be kept in strict confidence and in such a manner that it will only be available to Westport administrators with specific need to see such information.



1. Describe how you came to place your faith in Jesus Christ.

2. Describe your walk with Christ today.

3. Why are you interested in working with children?

4. Can you make a 6 month commitment to the children's ministry?

5. Do you have any health conditions that might affect your capacity to work with children?

6. Is there anything in your past or in the present that we should be aware of that may impact your ability to work with children?

7. The following questions are asked of every volunteer being considered for working in the children's ministry. Some of the questions are disqualifiers but others are not. Please answer truthfully and be prepared to provide an explanation to any question answered in the affirmative.

- a. Have you ever been convicted of a sex-related crime? Yes No
If yes, did the crime involve force or minor(s)?
- b. Have you ever been convicted of a crime involving the welfare, health, safety or victimization of a minor? Yes No
- c. Have you been arrested for a crime for which there has not yet been an acquittal or dismissal? Yes No

By signing below, I certify to the best of my knowledge that the information provided above is complete and true.

Signature

Today's Date