



APPLICATION AND CONSENT FORM FOR BACKGROUND SEARCH
Association of the Churches of God in Oregon, Inc

LIST EVENT WHERE YOU WISH TO SERVE:

- Summer IMPACT! - Age Group: Nursery Pre-School Elementary Youth **AND/OR**
 Summer Camp - Age Group: Intro. Primary Junior Middle School Sr. High

PERSONAL INFORMATION:

My **full legal name** is _____
First Name Middle Name Last Name

Maiden name or other names used _____

Address _____
Street City State Zip

Home Phone _____ Work Phone _____ Age _____

E-mail Address _____ Home Church _____

BACKGROUND SEARCH:

For the safety of our children and youth, a background search will be completed on Association employees and volunteers. Your signature below authorizes the Association of the Churches of God in Oregon, Inc. and/or its agents to make an independent investigation of your background, references, character, past employment, education, criminal, or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on this application. I release the Association of the Churches of God in Oregon, Inc. and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

Date of Birth: _____ Driver's License Number: _____ State of License _____

List all states in which you have resided: _____

If you've lived in California, please list every California county in which you have lived:

Have you been convicted of any crimes of abuse to children or youth? _____

I have read, understood and agree to completely comply at all times with both the Policy for Preventing Abuse of Children and Youth and the Oregon Child Abuse Reporting Law (copies attached to this application).

Applicant's Signature: _____

After filling out this application, please give it to your senior pastor and have him/her complete the reference portion below. **This completed application must be returned to the District Office (at the address below) no later than one week prior to the children's or youth event you plan to serve.**

REFERENCE:

The above applicant has attended one of the recognized churches of the Association of the Churches of God in Oregon, Inc. for at least six months prior to today's date. If applicant does not meet this requirement, please list the church attended by applicant within the past six months: _____

Print Senior Pastor's Name: _____

Address: _____

Phone: _____ Today's Date: _____

Senior Pastor's Signature: _____

Mail this application to: Association of the Churches of God, PO Box 18000, Salem, OR 97305

(If you have any questions, please call 800-873-7729)