



kids

Kids Ministries Team Application

This application is to be completed by all Kids Ministries staff and volunteers. Along with a background check, this application is one part of our effort to provide a safe and secure environment for the kids who attend our ministries and programs. All information will be kept confidential, stored in a secure location, and used only by the leadership of Cedar Hills Church.

Thank you for your time and interest in working with kids to further God's Kingdom!

Name: _____ D.O.B. _____ Today's Date: _____

Address: _____

City, State, Zip: _____

Cell phone: _____ Home phone: _____ Gender: male female

Phone carrier: _____

Email: _____ Social Security #: _____

(used for background check only)

Please circle where you would like to serve:

BASECAMP (0-3's Class or 4's, 5's & K Class)

The TREELINE (1st – 3rd Grade)

The SUMMIT (4th-6th Grade)

Family Greeter

Behind the scenes (material prep, snacks, admin)

Please circle your availability:

Gathering: Thursday, 7:07pm

Sunday, 9:30am

Sunday, 11am

Frequency: Every week

Every other week

References:

Name: _____ Occupation: _____

Nature of Association: _____ Phone: _____ Cell Phone: _____

Name: _____ Occupation: _____

Nature of Association: _____ Phone: _____ Cell Phone: _____

applicant signature

print name

date

Complete application, including background check on back, and return to a Kids Ministries check-in station or: Cedar Hills Church office 227 McGhee Rd Sandpoint Idaho 83864 (208) 265-8500



Authorization to Release Information

I, _____
last name first name middle name

currently residing at: _____
address city state zip

dates lived here: _____ email: _____

do hereby authorize verification of all information in my employment or volunteer application from all sources of criminal history, and personal character in accordance with ADA, labor and wage records, etc. or any part thereof, and authorize any duly authorized agent of IntelliCorp Records, Inc. to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by IntelliCorp Records, Inc. for identification purposes and for the release information which will be considered in determining any suitability for employment or as a volunteer. I certify that I have made true, correct, and complete answers and statements on this application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for employment or as a volunteer. I agree to provide additional information that may be requested to process this application. I authorize without reservation, any party or agency contacted by IntelliCorp Records, Inc. to furnish the above-mentioned information. This authorization is valid during the course of my employment or volunteerism to the extent permitted by law.

Previous addresses for the past seven years: (include street, city, state, zip code) _____ dates of residence: _____

_____ date of birth other names used (including maiden name) years used
_____ social security number driver's license # state

I hereby do ___ do not ___ (if applicable) authorize you to contact my current employer for Employment and Reference Verifications (This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I have the right to make a request to IntelliCorp Records, Inc., upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which IntelliCorp Records, Inc. has previously furnished within the two year period preceding my request.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment/volunteer and my discharge after employment or as a volunteer.

_____ printed name applicant signature date

CALIFORNIA, OKLAHOMA, and MINNESOTA RESIDENTS ONLY: If you are a current California, Oklahoma, or Minnesota resident and would like to request a copy of your Consumer Report or Investigative Consumer Report please check the box. This report may include character and reputation information obtained through personal interviews,

DISCLAIMER: THIS FORM IS NOT MEANT TO PROVIDE LEGAL ADVICE OF ANY KIND. LEGAL ADVICE SHOULD BE SOUGHT FROM YOUR ATTORNEY. WE MAKE NO CLAIMS, PROMISES OR GUARANTEES ABOUT THE ACCURACY, COMPLETENESS, OR ADEQUACY OF THE INFORMATION CONTAINED HEREIN. WE MAKE NO WARRANTY THAT THIS FORM IS APPROPRIATE FOR YOUR PARTICULAR NEEDS.