

FOR OFFICE USE

Approved

Not Approved

WSP Date: _____

Trak - 1 Date: _____

Supervisor's Initials



Notice of Background Checks, Consent, and Authorization

Please read the following paragraphs and complete the information below.

Gateway Fellowship/Gateway Christian Schools values the safety of our employees and those we serve. Accordingly, Gateway Fellowship/Gateway Christian Schools conducts criminal background checks through the Department of Social & Health Services, Washington State Patrol, and Trak-1 (multi-state) for employees and volunteers.

In consideration for my future or continued employment or volunteer services with Gateway Fellowship/Gateway Christian Schools, I agree to submit to Gateway's investigative background inquiry. This inquiry may include criminal history information as indicated above, motor vehicle reports, social security number verification and other federal and local reports from Washington and other states where I may have resided. If I have unsupervised access to children and have resided in Washington State for less than 3 years, I understand State Patrol/FBI fingerprint checking may also be required.

I understand that before I am denied consideration for future or continued employment or volunteer services based on the investigation results, I will be provided a copy of the report (under the Fair Credit Reporting Act), along with an opportunity to dispute its findings or otherwise address the information contained therein within three (3) business days of receipt. **Information obtained will remain confidential on a need-to-know basis, and be available only to those performing the background investigation or making employment related decisions.**

By signing below, I authorize Gateway Fellowship/Gateway Christian Schools to obtain investigative information as specified above, from any agency, at any time, during my employment or volunteerism. I understand that any misrepresentation, falsification, or omission of facts herein may be grounds for immediate termination or disqualification.

Place an 'X' in each area that applies to you: Employment Status: Employee Volunteer

Ministry Area: Church Gateway Learning Center North Kitsap Preschool Gateway Schools (K-12)

Schools Department: Elementary Secondary Sports Office/Admissions Host Family

PERSONAL INFORMATION (All sections must be completed)

Ministry _____ Position _____

Name in Full (Last, First, Middle) _____

Maiden Name or Alias _____

Current Street Address _____

City _____ State _____ Zip Code _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

Previous States of Residence as an Adult _____ Email: _____

Social Security # _____ Date of Birth ____ / ____ / ____ Gender: Male Female

PLEASE COMPLETE IF YOUR JOB WILL BE WITH MINORS

Have you lived in Washington State for less than three (3) years? Yes No

Have you ever been accused of and convicted of a crime? Yes No

- If yes, please include an explanation on a separate sheet of paper.

Have you ever been accused of, participated in, or been convicted of child sexual abuse? Yes No

- If yes, please include an explanation on a separate sheet of paper.

Have you ever had findings made against you in any civil adjudicative proceeding? Yes No

- If yes, please include an explanation on a separate sheet of paper.

Have you ever had both a conviction and findings made against you? Yes No

- If yes, please include an explanation on a separate sheet of paper.

The above information is correct and up to date. I fully understand the purpose and contents of this document and authorize the investigative background inquiries. *By typing your full name in the signature field below you agree to electronically sign this form.*

Applicant's Signature _____ Date _____

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FOR OFFICE USE

INITIAL APPROVAL

References Checked
 Approved
 Not Approved

Ministry Leader's Signature

**APPROVAL PENDING
BACKGROUND CHECK**

Initials _____ Date _____

GATEWAY FELLOWSHIP VOLUNTEER WORKER APPLICATION

Application for volunteer service for ALL persons
who work with Children, Students and/or Developmentally Disabled Persons

*This application is to be completed by all applicants for any volunteer position involving the supervision
or custody of minors. It is being used help provide a safe and secure environment
for those children and students who participate in our programs and use our facilities.*

Ministry applying for: Children (Birth - 6th Grade) Students (6th - 12th Grade)

Specify Department _____
(i.e. Children's Ministries, Student Ministries, Women's Ministries, Missionettes, Rangers, Moms & More)

PERSONAL

Date of Application _____ Date of Birth _____

Applicant's LEGAL Name _____
LAST FIRST MIDDLE

Address _____

City _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

If married, name of spouse _____ If student, grade in school _____

Have you ever been accused of, participated in, or been convicted of child sexual abuse? Yes No

If yes, please explain: _____

This position requires care of children, including lifting children, running, sitting on floors, kneeling, squatting, walking and dealing with loud and unexpected noises. Do you have any condition that would interfere with your ability to perform these actions?
 Yes No

PREVIOUS 3-YEAR EMPLOYMENT OR VOLUNTEER SERVICE HISTORY

Church/Organization _____ City _____ State _____ Specify Position _____ Ministry/Employment Contact Person _____ Phone _____ Number of months/years served _____	Church/Organization _____ City _____ State _____ Specify Position _____ Ministry/Employment Contact Person _____ Phone _____ Number of months/years served _____
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CHURCH ACTIVITY

Name of Home Church _____ How long you have attended _____

Church Contact (Name & Number) _____

Are you a Christian? Yes No When saved? _____

WE BELIEVE — STATEMENT OF FAITH

1. In the divine inspiration of the Bible, our all-sufficient rule of faith and conduct. *2 Timothy 3:15-16*
2. In one God, Creator of all things, eternally existent in three persons – Father, Son, and Holy Ghost. *Deuteronomy 6:4; Mark 12:29*
3. In the prophetic and virgin birth of Christ, His vicarious death, bodily resurrection, and ascension. *Isaiah 7:14; Romans 8:34; Acts 1:9-10*
4. In the necessity of rebirth of man and in his consequent salvation from spiritual death and hell, through acceptance of Jesus Christ as Savior. *John 3:1-7, 16-18; 1 John 5:11-12*
5. In the observable evidence of regeneration, the inward evidence being the direct witness of the Holy Spirit, and the outward evidence being a life of holiness and love of God and man. *Romans 8:16; 1 Peter 1:15-16; Matthew 22:36-40*
6. In baptism by immersion, symbolical of our death, burial, and resurrection with Christ, through Whom we walk in newness of life. *Matthew 28:19; Acts 2:38*
7. In regular participation of Holy Communion, in remembrance of Him Who is our gospel. *1 Corinthians 11:23-30*
8. In the Baptism with the Holy Ghost, signified by the initial evidence of speaking in other languages, an experience distinct from and subsequent to the new birth. *Acts 2:4, 19:2*
9. In the privilege of divine healing of body, mind, and spirit through faith in God. *Isaiah 53:4*
10. In the second coming to earth of Jesus the Lord, who will receive the Church as His chosen bride and will institute new heavens and new earth. *Acts 1:11; 2 Peter 3:9-13; Revelation 21:1-5*

Do you agree NOT to teach beliefs contrary to our statement of faith? Yes No

List name, address, and phone number of a previous church you attended regularly:

Church Name _____ Years attended _____

Address _____

Phone _____ Email _____

City _____ State _____ Zip _____

Type of ministry involvement with children or students _____

Name of Pastor or supervising coordinator you worked with _____

Other ministry in same location _____

Have you ever been asked to leave a church for any reason? Yes No

List any additional previous ministry involvement with children/students (identify church and type of ministry). _____

List any gifts, callings, training, education, or other factors that have prepared you for children/students. _____

State why you desire involvement in ministry with children/students _____

PERSONAL REFERENCES

Please write down the names of the two people you are giving a reference questionnaire to complete for you.

(DO NOT LIST FORMER EMPLOYERS OR RELATIVES)

Name _____

Relationship to Applicant _____ Phone _____

Name _____

Relationship to Applicant _____ Phone _____

Thank you for taking the time and effort to complete this application. It will be prayerfully considered as we endeavor to fill volunteer and/or compensated positions involving the supervision of minors and to provide them with a safe and secure environment.

APPLICANT'S STATEMENT

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information they may have regarding my character and fitness for work with children and students, and I release all such references from liability for any damage that may result from furnishing such evaluations to you.

Should my application be accepted, I agree to be bound by the Constitution and Bylaws and policies of Gateway Fellowship, and to refrain from unscriptural conduct in the performance of my services on behalf of the church. I understand that each position serves "at will" of the employer, and that I may be dismissed without cause. *By typing your full name in the signature field below you agree to electronically sign this form.*

Applicant's Signature _____ Date _____

Note: All information provided by this application or obtained through references will be held in strict confidence and used only in consideration of your application.

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CONFIDENTIAL REFERENCE QUESTIONNAIRE FOR WORK WITH MINORS

Name of Applicant _____

Ministry Applying for: Children (Birth to 6th Grade) Students (6th - 12th Grade)

Specify Department _____

(i.e. Children's Ministries, Student Ministries, Women's Ministries, Missionettes, Rangers, Moms & More)

INSTRUCTIONS

The applicant shown above has applied for a volunteer position in our church. In order to determine the applicant's suitability for this position, we ask that you take a few moments to complete and return this reference form to the church. The term "minor" refers to any person who has not yet reached 18 years of age. Please remember to sign and date this form. Thank you for your assistance.

1. How long have you known the applicant? _____
2. In what capacity do you know the applicant? _____
3. To your knowledge, has the applicant worked with minors before?
 Yes. If yes, how long? _____
 No
4. Have you personally observed the applicant working with minors?
 Yes. If yes, what observations can you provide regarding this person's abilities to work with minors? _____

 No
5. To your knowledge, has the applicant ever been charged with, convicted of, or pleaded guilty to the abuse or molestation of a minor?
 Yes. If yes, please explain _____
 No
6. Do you know of any reason why the applicant should not be allowed to work with minors?
 Yes. If yes, please explain _____
 No
7. Would you recommend the applicant be allowed to work with minors?
 Yes.
 No. If no, please explain _____
8. Are you aware of any facts demonstrating that the applicant's volunteer service should be restricted?
 Yes. If yes, please explain _____
 No

continued on other side

9. Please rate the applicant on each of the following characteristics. If you have insufficient knowledge to comment on a particular characteristic, please leave it blank.

CHARACTERISTIC	RATING					COMMENTS
	Poor 1	2	3	4	Excellent 5	
Works well with others	1	2	3	4	5	
Personal motivation & initiative	1	2	3	4	5	
Dependability	1	2	3	4	5	
Trustworthiness	1	2	3	4	5	
Attitude	1	2	3	4	5	
Religious commitment	1	2	3	4	5	

10. Based on your knowledge of the applicant's character and background, which of the following best reflects your evaluation of the applicant's suitability for a position in our church?

- Highly recommend
- Recommend
- Neutral
- Do not recommend
- Insufficient knowledge to form an opinion

11. Please provide any additional comments concerning the suitability of this applicant for a position in our church below or on a separate sheet. _____

12. Please provide the name, address, and phone of anyone else we should contact as a reference for this applicant's suitability. _____

By typing your full name in the signature field below you agree to electronically sign this form.

Signature of person completing this questionnaire _____

Printed Name _____ Date _____

Address _____ Email _____

City _____ State _____ Zip _____

CONFIDENTIAL REFERENCE QUESTIONNAIRE FOR WORK WITH MINORS

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continued on other side

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Characteristic	Rating					Comments
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Works well with others	1	2	3	4	5	
Personal motivation & initiative	1	2	3	4	5	
Dependability	1	2	3	4	5	
Trustworthiness	1	2	3	4	5	
Attitude	1	2	3	4	5	
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12. Please provide the name, address, and phone of anyone else we should contact as a reference for this applicant's suitability. _____

By typing your full name in the signature field below you agree to electronically sign this form.

Signature of person completing this questionnaire _____

Printed Name _____ Date _____

Address _____ Email _____

City _____ State _____ Zip _____