



okolona CHRISTIAN CHURCH
Security Application

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This application is to be **completed** by all applicants for the following positions: Leadership, Children's, Student, Safety, Medical Response, Stewardship, Accounting and Missions.

Please return this form to OCC office, Attention: Security Secretary or to the area Minister/Director.

1. Personal Information:

Legal Name _____ **Date of Birth** _____

If Married Woman, Maiden Name _____ Other previous last names _____

Former Names and /or Nicknames _____

Current Address _____ City _____ State _____ Zip _____

Daytime Phone _____ Home Phone _____ Email _____

SS# _____ - _____ - _____ Drivers license # _____ State _____

Number of current consecutive years residing in Kentucky _____ If less than 5, please indicate your address(es) for the last 10 years: _____

Are you a member of OCC? Yes ___ No _____. If no, how long have you been attending? _____

Have you ever been accused and/or convicted of domestic violence, pornography, child abuse, child molestation or any other sexual or personal assault or other violent crime? Yes ___ No _____. If Yes, please explain: _____

Were you ever the victim of abuse, molestation or violence? Yes ___ No _____. If yes, please explain: _____

Have you ever been counseled for any of the situations described above? Yes ___ No _____.

Have you ever been accused and/or convicted of any crime involving drugs or alcohol? Yes ___ No _____. If yes, please explain: _____

Have you ever received counseling for drug or alcohol abuse? Yes ___ No _____. If yes, please explain: _____

Have you had or do you currently have a problem with alcohol or drug abuse? Yes ___ No _____. If yes, please explain: _____

Have you ever been accused and/or convicted of any felony or misdemeanor related to theft, fraud, or any related offense? Yes ___ No _____. If yes, please explain: _____

Have you had or do you currently have a financial problem? Yes ___ No _____. If yes, please explain: _____

Have you had or do you currently have a gambling problem? Yes ___ No _____. If yes, please explain: _____

2. Applicant's Statement

The information contained in this application is correct to the best of my knowledge. I understand that Okolona Christian Church is relying on the information provided in this application and upon the information provided by references to

determine my suitability for work in the volunteer position below. Therefore, I hereby:

- ◆ authorize all references listed in this application to provide any information, both oral and written, including opinions, that they may have regarding my character and fitness work in said position.
- ◆ release all such references from any liability for furnishing such information and/or evaluations to Okolona Christian Church, provided that they do so in good faith and without malice.
- ◆ waive any right that I may have to inspect references provided on my behalf.
- ◆ authorize Okolona Christian Church to obtain periodic criminal background checks on myself.
- ◆ authorize any party or agency contacted by Okolona Christian Church to furnish information concerning my past activities relating to criminal conduct, if any.
- ◆ release any party and or agency from all liability with regard to the release and/or use of said information relating to criminal conduct.

If my application is accepted, I agree to be bound by the bylaws and policies of Okolona Christian Church and to refrain from unscriptural conduct in the performance of my services on behalf of the church. I further agree to be bound by the policies and decisions of the Elders of Okolona Christian Church.

Applicant's Signature _____ **Date** _____

3. References:

Please give the names of **four adult references who have witnessed your interaction with children/youth. We CANNOT accept references from family members, employers or OCC staff members.** These references will have 7 days in which to respond to this request of reference. Please let them know you are depending on their quick response.

(Reference 1) Name _____

Address _____ City _____ State _____ Zip _____

Email Address _____ Daytime Telephone (_____) _____

(Reference 2) Name _____

Address _____ City _____ State _____ Zip _____

Email Address _____ Daytime Telephone (_____) _____

(Reference 3) Name _____

Address _____ City _____ State _____ Zip _____

Email Address _____ Daytime Telephone (_____) _____

(Reference 4) Name _____

Address _____ City _____ State _____ Zip _____

Email Address _____ Daytime Telephone (_____) _____

4. Area of Interest: I am interested in working in the following Ministry area/areas: (Please circle)

Nursery: 9:30 or 11:00	Preschool: Large Group 9:30 or 11:00 Small Group 11:00
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Elementary: Large Group 9:30 or 11:00 Small Group 11:00	Student Ministry: Middle School High School
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Safety team Leadership Medical Response Stewardship Accounting Services Missions
Other _____

Do Not write below this line-office use only

Reference 1 Date (e)mailed or contacted _____	Response Received _____	Reference Response: (circle one) Satisfactory Unsatisfactory
Reference 2 Date (e)mailed or contacted _____	Response Received _____	Reference Response: (circle one) Satisfactory Unsatisfactory
Reference 3 Date (e)mailed or contacted _____	Response Received _____	Reference Response: (circle one) Satisfactory Unsatisfactory
Reference 4 Date (e)mailed or contacted _____	Response Received _____	Reference Response: (circle one) Satisfactory Unsatisfactory

Applicant approved by _____ **Date** _____ **Student Applicant approved by** _____ **Date** _____