## Kids First Child Protection Policy Children's Ministry Assistant Screening Form

This application is to be completed by all youth applicants, ages 14 to 17, who will serve as assistants in any of LifeSpring Church's children's ministries.

Information provided on this screening form will be held in strict confidence.

Staff members are the only persons who will review this information.

| NamePresent Address   |                         |                                       | Home phone  |
|---|-------------------------|---------------------------------------|---|
|   |                         |                                       |   |
| Previous Address  |                         |                                       |   |
| City  | State                   | Zip                                   |   |
| Have you ever been accu — Yes — No  | sed of, charged wit     | h, indicted for o                     | or pled guilty to any offense involving a minor?  |
|   | it on this form. Answer | ring yes or leaving                   | may discuss your answer in confidence with one of the the question unanswered will not automatically disqualify you  No   |
|   |                         | Applicant's St                        | atement   |
| accepted, I agree to be be  | ound by the bylaws      | s and policies of<br>on behalf of the | he best of my knowledge. Should my application be f LifeSpring Church and to refrain from unscriptural church. I acknowledge that I have received, read, use prevention policies. |
| Signature:  |                         |                                       | Date:   |
|   |                         |                                       |   |
|   |                         | Parental Peri                         | mission   |
| As the parent or legal guas a children's ministry a have read a copy of LifeS | assistant. To the be    | est of my know                        | , I grant my permission for him/her to serve ledge, the information provided above is accurate. I buse prevention policies.   |
|   |                         |                                       | any Volunteer Leader in the Children's Ministry to<br>ne for the purpose of coordinating in the ministry to   |
| Signature:  |                         |                                       | Date:   |