

CONFIDENTIAL

Secondary Volunteer Screening Form

APPLICANT'S STATEMENT

The information contained in this questionnaire is correct and complete to the best of my knowledge. I authorize any references or churches listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for children or youth work. In consideration of the receipt and evaluation of this form by Community Church of Columbus I hereby release any individual church youth organization charity reference employer or any other person or organization including record custodians both collectively and individually from any and all liability for damages of whatever kind or nature which may at any time result to me my heirs or family on account of compliance or any attempts to comply with this authorization. If the person or organization providing information about me requests that such information be kept in confidence I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this form.

Should I be accepted for involvement, I agree to be bound by the Bylaws and policies of Community Church of Columbus, and to refrain from unscriptural conduct in the performance of my ministry on behalf of the church.

I have read the "Community Church of Columbus Directive on Child Protection Training" and fully understand the "Behavior Policy", "Prevention Guidelines", "Reporting Procedures", and "Discipline Guidelines" therein described.

I further state that I have carefully read the foregoing release and know the contents thereof, and I sign this release as my own free act. This is a legally binding agreement which I have read and understand.

Signature of Applicant / Date

Signature of Witness / Date

Please print and sign this document, have it witnessed, and mail to:

Julie Simmons
Director of Children's Ministries
Community Church of Columbus
3850 North Marr Road
Columbus, IN 47203