Nampa- BETHEL

Intermountain District Church of the Nazarene BACKGROUND CHECK FOR CHILDREN/YOUTH WORKERS

DISCLOSURE NOTICE

The Church of the Nazarene is sensitive to the needs of families and strives to be protective and responsible in all areas of ministry. This responsibility is especially felt in the Church's care of their children and youth entrusted to us. In order to fulfill this trust, as well as to comply with state law and requirements of our insurance carrier, it is essential that the church screen ALL adults and youth workers who come in contact with children and youth. This questionnaire is an essential part of that process.

The church will exercise prudent control over the release of disclosure of the content of this document. However, confidentiality *cannot be guaranteed*, and the church specifically reserves the right to disseminate any material contained herein when the church, in its sole discretion, deems it necessary or advisable.

NOTE: Upon your signature of this questionnaire, you understand that a nationwide criminal and sex offender background check will be conducted.

			QUESTIO	NNAIRE				
Full Name:	First	Middle		Last	Soc.	Sec.#:		
Email Address	s:							
Date of Birth: Driver's I			Driver's Lic					
City/State/Zij	p:							
						☐ YES	□ NO	
Ministry Positi		Contact:						
		lived in over the						
any such action	n by anyone?	ngered, abandon		□NO				
actual or atterny	pted molestati explain fully: _	d of child abuse, on of a minor (a	child under 18	years of age)?] YES	□ NO	
You may use ad		s if desired. Hav] YES	□NO	

PERSONAL REFERENCES

(No Relatives or Former Employers)

Name:	
Address:	<i>U</i>
Telephone: (Home)	(Work)
Years Known:	
Name:	
Address:	
City/State/Zip:	
Telephone: (Home)	(Work)
Years Known:	
posest of my knowledge. I hereby authorize any reference oursuant to this application. I hereby release all such reference result from releasing any requested information, and provided on my behalf. Applicant's Signature:	Formation contained in this application is complete and correct to the es or law enforcement agencies to release any information requested erences or law enforcement agencies from any and all liability which dI waive any rights that I may have to review records or references Date: Date:
For Dis Questionnaire Received:	trict Office Use Only: By: By: UNACCEPTABLE
_	Means:
Comments:	