



Horizon Community Church

Horizon Christian Schools

EMPLOYMENT & VOLUNTEER BACKGROUND & DRIVER SCREENING FORM

A copy of your driver's license and/or other photographic identification must be included with this application

This information is confidential. This application must be completed by all applicants for any position (volunteer or compensated) involving the supervision or custody of minors. This is not an employment application form. Persons seeking a position in the church as a paid employee will be required to complete an employment application in addition to this screening form. It is used to help the church provide a safe and secure environment for children and youth participating in our programs and using our facilities.

Date: _____

PRIMARY SCREENING INFORMATION FOR CHILDREN'S OR YOUTH WORK		
Last Name:	First Name:	Middle Name:
Alias or Maiden Name:	Birth Date:	SS#: ____-____-____
Present Address:	Phone:	
City:	State:	Zip:
Email Address:		
Please indicate the type of children's or youth work you prefer:		
Please indicate the date you would be available to begin:		
What is the minimum length of commitment you can make?		
Have you ever participated in, been accused of, pleaded guilty or no contest to, or been convicted of any form of abuse or sexual misconduct? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain. Attach a separate page if necessary.		
Have you ever been convicted of or pleaded guilty to or no contest to any criminal offense of any kind? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain. Attach a separate page if necessary.		
Have you ever possessed any traits or tendencies, including being sexually attracted to minors, that could pose a possible threat to others? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain. Attach a separate page if necessary.		
Were you a victim of abuse or molestation while a minor? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If you prefer, you may refuse to answer this question, or you may discuss your answers in confidence with the Senior Pastor rather than answering it on this form. Answering Yes, or leaving the question unanswered will not automatically disqualify an applicant for children's or youth work.</i>		
How long have you lived in Oregon? Years: Months: <i>**If you have lived in Oregon less than 1 year, please list your addresses for the last five (5) years on a separate piece of paper.</i>		
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Remarried		
Do you use tobacco? Drink alcoholic beverages? Use drugs? Prescription/illegal		
Do you have any physical handicaps or conditions preventing you from performing certain types of activities? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain: _____		
List any abilities, experiences, training, education, or other factors that have prepared you for working with children/youth:		
CHURCH ACTIVITY		
Are you a Christian?		When did you make a decision to follow Christ?
Name of church you regularly attend:		Pastor's Name:
List the name and address of other churches you have attended regularly during the past five years:		
Church Name	Address	Phone Number
Have you ever been given an opportunity to work with children/youth or any other church ministry? If yes, please explain.		

DRIVER INFORMATION (a photocopy of your current drivers license must be included with this application)

The safety of our students is important to us, as it is to you. The purpose of this information is to reduce the liability of the school and of volunteer drivers by being pro-active in our selection of volunteer drivers.

Do you have a current driver's license? YES NO State of License: _____

If yes, please list your driver's license number and expiration date: _____

Have you or do you presently hold a commercial driver's license? YES NO

Auto Insurance Company:

Policy Number:

Please list the year, make and model of your vehicle:

Please answer the following questions. Please note that answering yes to any of the following questions prevents you from being a volunteer driver at this time. You are welcome to apply again when you are able to answer no to all of the following.

1. Have you had more than one at-fault accident in the past year, or more than one at-fault accident and one minor moving traffic violation in the past three years? Minor traffic violations include all violations other than those listed as major in questions 3 and 4.
 YES NO
2. Have you had more than one minor moving traffic violation in the past year or more than two minor moving traffic violations in the past three years?
 YES NO
3. Have you had any major speeding violations in the past two years? Major speeding violations are more than 15 MPH over a posted limit of 45-55 MPH or more than 12 MPH over a posted limit of 40 MPH or lower.
 YES NO
4. Have you had a major moving violation in the past three years? The following are included as major moving traffic violations: driving while license is suspended or revoked, driving under the influence (DUI) or driving while intoxicated (DWI), leaving the scene of an accident or incident, reckless operation, improper passing, driving with known or non-inspected defective equipment.
 YES NO

REQUIREMENTS FOR VOLUNTEER DRIVERS

1. I possess a valid Oregon driver's license and valid liability insurance coverage as required by state law. I understand that I must be 21 years or older to operate my own vehicle and 25 years or older to operate any church vehicles (a CDL is required to operate vehicles with 16 or more passengers.) I understand that in case of any type of accident, injury or vehicle damage, the church's liability insurance policy does not provide primary or direct insurance on my vehicle. The Church's insurance shall take effect only after my personal auto, or other insurance that may apply, limits are exhausted. I will advise Horizon Community Church of any change in the information provided on this form including, but not limited to, involvement in a car accident in which I am cited, any citations for moving violations, non-renewal of license, change of insurance company, change in amount of insurance coverage, termination of insurance, or change in vehicle. Students riding in my vehicle(s) will be seated in an appropriate front or back seat, never outside of the cab of the vehicle, and will be secured with individual seatbelts in good operating condition (no double belting or cross-belting of passengers is permitted). When required by state or federal law I will have child restraint devices for each child up to 8 years of age or 4'9" tall. I will carefully transport children and adults, students and school personnel, under my care, including obeying all traffic laws. To my knowledge my vehicle is in safe operating condition. I will notify Horizon Community Church personnel if I no longer wish to drive or if I wish to be removed from the approved volunteer driver list.

APPLICANT'S STATEMENT, DECLARATION, PERMISSION AND SIGNATURE

My signature below signifies that I agree to each of the following paragraphs:

1. The information contained in this application is true and correct 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 application by Horizon Community Church, I hereby release any individual, church, youth organizations, charity, employer, reference, 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. 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 application. Should my application be accepted, I agree to be bound by the Bylaws and policies of Horizon Community Church, and to refrain from unscriptural conduct in the performance of my services on behalf of the church. 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.
2. I certify that I meet all the requirements stated for volunteer drivers.
3. I give Horizon Community Church permission to conduct, through a vendor or service of its choice, a motor vehicle (driving) record, a criminal history and/or prior employment investigation check to accompany this application. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
4. I certify that the information I have provided herein is accurate and true.

Signature: _____ Date: _____

REFERENCE CONTACT FORM

(Name of Applicant) _____ has applied to work as a volunteer/employee at HCC/HCS/HCLC working with children or youth. They have signed a waiver releasing you and Horizon Community Church of any liability and have used you as a personal reference. Thank you for answering the following brief questions about the applicant.

PLEASE PROVIDE PERSONAL REFERENCE INFORMATION

*Volunteers—please use **recent** references that can speak to your character and abilities with children/youth. Do not use relatives.*

Name:	Relationship:
Primary Phone:	Primary Email:
Secondary Phone:	Secondary Email:

----- **FOR OFFICE USE ONLY** -----

REFERENCE #1

Reference or church contacted (if a church, identify both the church and person or minister contacted): _____

Date and time of contact: _____

Method of contact (telephone, letter, personal conversation, email): _____

1. How long have you known the applicant? _____
2. How do you know the applicant? _____
3. To your knowledge, have they ever worked with children or youth in some capacity? YES NO
If yes, what was their specific area of involvement (i.e. classrooms, athletics, clubs, church)?

4. To your knowledge, were there any problems related to their involvement? YES NO
If yes, please give specific details:

5. Would you have any reservations about the applicant working with children/youth in a classroom or other setting? YES NO
If yes, please give specific details:

6. To your knowledge, were there any incidents of child abuse alleged or proven? YES NO
If yes, please give specific details:

7. Are there any other comments you would like to make about the applicant?

Print Name (interviewer)

Print Name (Reference)

Signature (interviewer)

Signature (Reference)

REFERENCE CONTACT FORM

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PLEASE PROVIDE PERSONAL REFERENCE INFORMATION

Volunteers—please use recent references that can speak to your character and abilities with children/youth. Do not use relatives.

Name:	Relationship:
Primary Phone:	Primary Email:
Secondary Phone:	Secondary Email:

FOR OFFICE USE ONLY

REFERENCE #2

Reference or church contacted (if a church, identify both the church and person or minister contacted):

Date and time of contact: _____

Method of contact (telephone, letter, personal conversation, email): _____

1. How long have you known the applicant? _____

2. How do you know the applicant? _____

3. To your knowledge, have they ever worked with children or youth in some capacity? YES NO
If yes, what was their specific area of involvement (i.e. classrooms, athletics, clubs, church)?

4. To your knowledge, were there any problems related to their involvement? YES NO
If yes, please give specific details:

5. Would you have any reservations about the applicant working with children/youth in a classroom or other setting? YES NO
If yes, please give specific details:

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Print Name (interviewer)

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Signature (Reference)