

# Background Screening

James River Campus     Wilson's Creek Campus

This screening is requested by our insurance carrier to help the church provide a safe and secure environment at James River Assembly and/or James River Charities. **Please print in ink and fill out completely.** Allow two weeks for processing. You will be notified when the process is complete.

## 1) YOUR INFORMATION

**Please Print Clearly - Application Must Be Filled Out Completely**

Legal Name \_\_\_\_\_ Nickname \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

How long at this address? \_\_\_\_\_ (If less than five years, give complete previous address) Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Previous address \_\_\_\_\_ How long? \_\_\_\_\_  
Street City State Zip

Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Email \_\_\_\_\_

Current Occupation and employer \_\_\_\_\_

Are you:  Married     Single     Living Together    Spouse or Significant-other name: \_\_\_\_\_

Children's Names & Ages \_\_\_\_\_

How long has James River been your church home? \_\_\_\_\_ Briefly describe your relationship with Jesus Christ \_\_\_\_\_

## 2) TELL US WHAT YOU'D LIKE TO DO

Are you:  Volunteering     Seeking Employment     An Intern     Attending Leadership College

PLEASE check the following: Where would you like to serve at James River Assembly or James River Charities: <input type="checkbox"/> Benevolence <input type="checkbox"/> Bookstore <input type="checkbox"/> Café <input type="checkbox"/> Church Office <input type="checkbox"/> Creative Services <input type="checkbox"/> Gatekeepers <input type="checkbox"/> Life Groups <input type="checkbox"/> Media <input type="checkbox"/> Red Carpet <input type="checkbox"/> Other (please list): _____ The following areas <u>may include working with minors</u> : <input type="checkbox"/> Early Childhood <input type="checkbox"/> Elementary <input type="checkbox"/> Counseling Ministries <input type="checkbox"/> Fitness Center/Athletics <input type="checkbox"/> Medical Personnel <input type="checkbox"/> Retreat Center Staff/Camp Personnel <input type="checkbox"/> JRA Safety <input type="checkbox"/> Worship <input type="checkbox"/> Student Ministries (Youth) Have you ever been background screened through another department? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, which area? _____
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## 3) PERSONAL REFERENCES - REQUIRED

- Provide **three** personal references – **not** related to you. • Must have known you for **at least one year**
- **Minors** (under 18 yrs.) may provide references from coaches and teachers. **Note: Minors may not be used as references.**

<b>Name &amp; Relationship to You</b>	_____	_____
<b>E-mail &amp; Phone</b> (Daytime phone number.)	_____	_____
<b>Name &amp; Relationship to You</b>	_____	_____
<b>E-mail &amp; Phone</b> (Daytime phone number.)	_____	_____
<b>Name &amp; Relationship to You</b>	_____	_____
<b>E-mail &amp; Phone</b> (Daytime phone number.)	_____	_____

**4) CONFIDENTIAL INFORMATION**

The following questions are part of a process to help us provide a safe and secure environment.

Have you ever been accused or convicted of the use or sale of illegal drugs? \_\_\_\_\_

Have you ever used illegal drugs? \_\_\_\_\_

Have you ever struggled with alcohol or substance abuse? \_\_\_\_\_

Are you presently facing charges for any criminal offense? \_\_\_\_\_

Have you ever been charged with a misdemeanor or felony? \_\_\_\_\_

Have you ever been accused of or charged with any offense involving children? \_\_\_\_\_

Are you engaged in any conduct that is contrary to the teachings of the Bible or James River Assembly? \_\_\_\_\_

Do you have any health issues that could place another adult or minor at risk? \_\_\_\_\_

Have you ever been diagnosed with a mental illness? \_\_\_\_\_

Have you ever been denied legal custody of your child/children in any legal proceedings including divorce decrees or settlements? \_\_\_\_\_

\_\_\_\_\_

We conduct a police background check on all adult applicants. Do you have any objections? \_\_\_\_\_

Have you ever been dismissed from a volunteer position for any reason? \_\_\_\_\_

**If you answered "yes" to any of the above questions, please explain briefly. We at James River Assembly and James River Charities understand the life-changing power of Jesus Christ and are eager to hear how He has helped you. (Feel free to attach any additional pages as needed.)**

\_\_\_\_\_

\_\_\_\_\_

**5) AUTHORIZATION FOR CRIMINAL RECORDS CHECK**

(All applicants must complete this section; only those 18 and older are subject to check.)

I hereby request a criminal background check and the release of any information which pertains to any record of convictions in its files or in any criminal file maintained on me whether local, state or national. I hereby release any criminal law enforcement agency from any and all liability resulting from such disclosure. Any person or entity relying on this request may rely on a photocopy or facsimile as if it were an original.

Legal Name \_\_\_\_\_ Place of Birth \_\_\_\_\_  
(Please Print Clearly) Last First Middle City State

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Applicant Signature required** \_\_\_\_\_ **Date** \_\_\_\_\_

Print all other names you may have used (including maiden name): \_\_\_\_\_

**6) APPLICANT STATEMENT – ALL APPLICANTS MUST SIGN**

The information contained in this application is 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 working with or around minors. In consideration of this evaluation by James River Assembly and James River Charities, I hereby release any individual, church, youth organization, 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 James River Assembly and James River Charities 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 understood.

**Applicant Signature required** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent or Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Required of all applicants less than 18 years of age: