

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: