



NEW BEGINNINGS

CHRISTIAN FELLOWSHIP

OFFICE USE ONLY

MINISTRY: _____
DATE CKD: _____
MEMBER: Y OR N
ACS ENTRY: Y OR N
COMMENTS: Y OR N ID: Y OR N
EMAILED: Y FILED: Y

Background Check Application

(Please write legibly)

So that we may protect the children, youth, elders, and general public among us, we require members of ministries that interact with these groups to pass a background check. Please fill out the following required information and return it to the secured church school mailbox or church office for processing. After this background check has been run, the social security number and birthdate will be removed. Background checks are valid for two years.

Contact Information **Ministry:** _____

Name (Last)	(First)	(Middle)
SSN		
Street Address		
Apt/Unit		
City ST ZIP Code		
Cell Phone (Optional)		
E-Mail Address		
Date of Birth (xx/xx/xxxx)		
Copy of Picture ID	(Circle) Driver's License	Military ID Passport Student School ID

Applicant must answer the following questions (Yes or No) disclosing whether you have been:

- _____ Convicted of any crime against children or other persons.
- _____ Convicted of crimes relating to financial exploitation if the victim was a vulnerable adult.
- _____ Convicted of crimes related to RCW 43.43.830.
- _____ Found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor.
- _____ Found by a court in a domestic relations proceeding under Title 26 RCW to have sexually or physically abused any minor.
- _____ Found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult.
- _____ Found by a court in a protection proceeding under Chapter 74.34. RCW, to have abused or exploited a vulnerable adult.

READ THE FOLLOWING CAREFULLY BEFORE SIGNING:

I declare under penalty of perjury, under the laws of the State of Washington that all statements above are true and correct to the best of my knowledge. I understand that if I misrepresent or conceal any material fact(s) in my application for volunteer work or employment at New Beginnings Christian Fellowship, it constitutes grounds for denial or suspension. I understand that the NBCF Office Ministry may conduct a complete background investigation regarding my application.

Signature of Applicant

Date