Servant Leader Application



Applicant General Information		Today's Date:
Name:		Birth Date:
Address:		
City: St	ate:	Zip:
Phone: Home Mobile	Work	
Phone 2:	Work	
E-mail:		
Occupation:	Employer	:
May we contact you at work? Yes No		
Marital Status: Single Married Partnered	Divorced	Widowed
Spouse's Name:		
Name(s) and ages of children (at home):		
Background	(staff use) Bas	sic Background
Alias names (other names I have been known as):		
Previous addresses (last five years):		
Church previously attended or served (and dates):		
In order to help our church provide a safe and secure environment our facility, all servants ministering in this area may be subject background screening. Thank you for your cooperation and u	t to a fingerprint	
Have you ever been convicted or pled guilty, no-contest or en If your answer is yes, please provide specific details and dates may not be an automatic bar to service; rather, each incident Information will be shared only on a need-to-know basis.	s. Attach a separa	te sheet of paper if necessary. A "yes" answer
☐ Yes ☐ No		
If "yes" to any above, please explain (use a separa	te sheet of pap	per if necessary)
I am an available driver - additional motor vehicle check in	required	

Notice Regarding Background Screening

Notice and Acknowledgement (Please read carefully before signing the acknowledgment.)

Hilliard UMC may obtain information about you from reporting agencies for volunteer purposes. The report may contain information bearing on your character, general reputation, personal characteristics, or mode of living, including but not limited to criminal and driving records, education, prior employment verification, and workers' compensation claims. The report may be obtained for public or private sources. You have a right to request disclosure of the nature and scope of any investigative consumer report.

Acknowledgment and Authorization

I acknowledge receipt of the Notice Regarding Background Investigation and certify that I have read and understand this
document. I hereby authorize Background Investigation Bureau (BIB) to request and obtain the above-referenced reports at any
time during the application process or during my volunteer service or employment and as often as the company deems
necessary

time during the application process or during my volunteer service or employment and as often as the company deems necessary.	ıy
Applicant's Signature Date/	
The information contained in this application is correct to the best of my knowledge.	
I authorize any personal references or churches listed in this application to provide you any information (including opinions) that they might have regarding my character and fitness for work with children or teens. In consideration of the receipt and evaluation of this application Hilliard UMC, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including legal and record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which might at any time result to me, my heirs or family, on account of compliance, or any attempts to comply, with this authorization.	nt
I hereby give my consent for information regarding past violations of law to be released and authorize Hilliard UMC to contact local, state and national law enforcement officials and courts for such release.	
Should my application be accepted, I agree to sign a covenant and be bound by the policies of Hilliard UMC, and to refrain from unscriptural conduct in the performance of my services on behalf of the church.	n
Falsification of information or noncompliance with the rules and covenant might, in the discretion of Hilliard UMC, be determined to show me unfit to serve and might result in the withdrawal of servant status and admission to events.	
I also waive and release the use of my photograph or likeness for the church website, in-house or promotional use.	
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.	
Applicant's Signature Date/	
Witness Date/	

Ministry Information

1.	How long have you been attending Hilliard UMC? YearsMonths
2.	Have you completed membership class?
	Yes Date Completed:/ No
	Have you taken membership? Yes Date Joined/ No
3.	Please list and date the ministries you have served in here at Hilliard UMC
4.	In what other ministry/church experiences outside Hilliard UMC have you been involved?
5.	Area of service desired
6.	If not, what do you believe are your spiritual gifts and/or talents and strengths?
0.	il flot, what do you believe are your spiritual girts and of talefits and strengths:
Educ	cation and Training
Please li	ist any degrees, classes or training you have completed focused on children or youth ministry, mentoring or counseling.
Perso	onal Information
	onal Information Towns for taking the time to share about yourself. This information will be confidential and only shared with the ministry
Thank y	
Thank ye staff.	ou for taking the time to share about yourself. This information will be confidential and only shared with the ministry

References

Phone:

Please list three professional references, at least one of which is not related to you, who can attest to your skills and spiritual journey:
Reference #1 Name:
Email:
Address:
Phone:
Reference #2 Name:
Email:
Address:
Phone:
Reference #3 Name:
Email:
Address: