

Spokane Valley Church of the Nazarene
Initial Ministry Application

Personal

Full Legal Name: _____
(First) (Middle) (Last)

Address: _____
(Street) (City) (State) (Zip)

How long at this address? _____ How long have you lived in Washington? _____

What other states have you lived in? _____

How long have you been attending SVNC on a regular basis (if applicable)? _____

Phone Number: _____ Work: _____ Cell: _____

Email Address: _____ Date of Birth: ___/___/___

Social Security Number: _____ *(Needed for background check purposes)*

Applying to become a driver of the church van? ____ yes ____ no *If yes, please request additional application for van drivers*

In which ministry/program(s) are you seeking to become involved? _____

What experience, if any, do you have in this specific area of ministry? _____

Please list any other ministry experience you have, and include where you served: _____

Have you at any time ever:

- Been arrested for any reason? _____ yes _____ no
- Been convicted of, plead guilty or no contest to any crime? _____ yes _____ no
- Engaged in, or been accused of, child molestation, exploitation, or abuse? _____ yes _____ no
- Had a problem with drugs, alcohol, or controlling your anger? _____ yes _____ no

Are you aware of:

- Having any traits/tendencies that could pose any threat to children, youth, or others? _____ yes _____ no
- Any reason why you should not work with children, youth, or others? _____ yes _____ no

If the answer to any of these questions is yes, please explain in detail: *(Use a separate page if necessary)*

Spokane Valley Church of the Nazarene
Initial Ministry Application
Page 2

Church Activity:

What church or churches have you attended in the past five years?

Church Name	Pastor's Name	Years Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

References (other than relatives). *Please note that job applicants, Amazing Day Preschool guardians/parents, and special one-time event volunteers (i.e. Trunk or Treat, VBS) **DO NOT** need to complete this section.*

Name/Relationship	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicant Verification and Release:

I recognize that Spokane Valley Church of the Nazarene (SVNC) is relying on the accuracy of the information contained herein. Accordingly, I attest and affirm that all of the information that I have provided is absolutely true and correct.

I authorize SVNC to contact any person or entity listed in this application, and I further authorize any such person or entity to provide SVNC with information, observations, and impressions relating to my background or qualifications.

I voluntarily release the organization and any such person or entity listed herein from liability involving the communication of information relating to my background or qualifications.

Printed Name: _____

Signature: _____

Parent/Guardian Signature (if under age 18): _____

Date: _____