Columbia Heights Assembly Background Form

I Personal Information I

Name: (First)

(Middle)

(Last)

Other Names Used:

Soc. Security Number:

Date of Birth: / /

Gender: M / F

Ethnicity: Unknown White Asian / Pacific Islander Hispanic  
 Black / Africa American Alaskan Native / American Indian

Email:

Phone :( )

Driver’s License:

DL State:

Address:  
 Street:  
 State:

Zip:

City:

l Have you at any time ever Been arrested for any reason? Yes No

If yes, explain:

Been convicted of, or pleaded guilty or no contest to, any crime? Yes No

If yes, explain:

Engaged in, or been accused of, any child molestation, exploitation, or abuse? Yes  
If yes, explain:

No

l Are you aware of l  
Having any traits or tendencies that could pose any threat to children, youth, or others? Yes No  
If yes, explain:

Any reason why you should not work with children, youth, or others? Yes No

If yes, explain:

1 I V o l u n t e e r B a c kg r o u n d F o r m

Columbia Heights Assembly Background Form

Testimony l

When did you surrender your life to Christ? Year:

How old were you?

Give a brief description of that moment:

I Verification & Release (Volunteers & Employees) I

I recognize that Columbia Heights Assembly of God is relying on the accuracy of the information I  
provide on the Volunteer Background Form. Accordingly, I attest and affirm that the information I have  
provided is absolutely true and correct.

I voluntarily release the organization (CHAG) and any such person or entity listed on the Volunteer  
Background *Form* from liability involving the communication of information relating to my background  
or qualifications. I further authorize the organization (CHAG) to conduct a criminal background  
investigation if such a check is deemed necessary. I also agree to have my photograph taken that will be  
used only for identification purposes only.

I *agree* to abide by all policies and procedures of the organization, and to protect the health and safety  
of the members, children *or* youth assigned to my care or supervision at all times.

Printed Name:

Signature:

Date:

2 l Vol u n t e e r B a c k g r o u n d Fo r m