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# Staff Application

Alaska Ministry Network

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In order to provide the safest possible environment in which our children and youth can experience God, all workers attending or assisting at any Alaska Ministry Network camps involving minors must be screened. A complete application, described below, must be on file 2 weeks before the event. If you have lived outside the United States, a longer processing time is required, up to a month.

**Please note that Parts 1, 2, and 4 of this application must be received by the Alaska Ministry Network office at least 2 weeks prior to the event. If the application is received after the two week deadline, there is no guarantee that the forms will be processed in time for the event. In order to be processed, \$20 must be sent with this form to pay for the criminal records check.**

1. The first section entitled “**Staff Application | Part 1**” must be filled out for every staff person and turned into our office.
2. The second section entitled “**Staff Application | Part 2**” must be signed by your pastor and included with “**Staff Application | Part 1**” to show that your church has done their due diligence to properly screen you.
3. The third section entitled “**Volunteer Screening Form | Part 3**” is to be completed only by applicants who do not have a written application on file at their local church. **This is to be retained by your church.**
4. The fourth section entitled “**Staff Application | Part 4**” is to be completed and turned in to our office with Part 1 and 2. This is an authorization to run a criminal records check, which is required for all camp workers. This part of the application is not necessary for workers who are minors.

*If you have any questions please contact us at:*

**Youth Ministry** | Ryan Gluth  
Call: 907-747-5848  
Email: ryan@alaskaag.org

**Children’s Ministry** | Pam Hodges  
Call: 907-952-4618  
Email: pastorpam7@gmail.com

**Royal Rangers** | Chuck Niemann  
Call: 907-952-2905  
Email: chuxn@gci.net

**Camp AN** | Jim Schulz  
Call: 907-278-4567  
Email: jimschulzalaska@gmail.com

# Staff Application | Part 1

## Alaska Ministry Network

This application is to be completed by all applicants for any position (volunteer or compensated) involving the supervision or custody of minors in any scheduled program or activity of the Alaska Ministry Network of the Assemblies of God. It is being used to help provide a safe and secure environment for those children and youth who participate in scheduled children's and youth activities of the Alaska Ministry Network of the Assemblies of God.

**Please note that no smoking, alcohol, or recreational drug use is permitted at any Alaska Ministry Network event.**

### PERSONAL

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Present Address: \_\_\_\_\_  
Number Street City State Zip

Home Phone: ( ) \_\_\_\_\_ Age: \_\_\_\_\_ Email: \_\_\_\_\_

Which event are you initially applying to work at? \_\_\_\_\_

Have you ever been convicted of or pleaded guilty to a crime? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, please explain (attach a separate page,if necessary): \_\_\_\_\_

### CHURCH HISTORY AND PRIOR YOUTH/CHILDREN'S WORK

Name of Church You Regularly Attend \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip

Church Phone Number \_\_\_\_\_

List other churches you have attended regularly during the past 5 years and the type of all previous work you performed; (Attach a separate sheet if necessary.)

	Church 1	Church 2	Church 3
Church Name			
Address			
City			
State   Zip			
Phone #			
Type of work performed			

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# Volunteer Screening | Part 2

## Church Leader Certification

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### CHURCH LEADER CERTIFICATION

Because of the large number of applicants, great reliance is placed on the certification of each applicant's pastor that there are no facts or allegations that raise any question concerning an applicant's suitability for working with minors. It is also important that the local church has screened each applicant with a process including an application, reference check, and interview. When checking references, call organizational references such as churches, youth organizations, or other individuals who have observed the person working with minors.

#### I certify that:

Our church has completed two references checks on this worker, and the documentation is on file at the church. In addition, I, or another church representative, have completed an interview with the worker to determine their suitability to work with minors. Based upon the application, reference checks, interview, and any knowledge I may have, I know of no reason why this individual should not work with minors.

\_\_\_\_\_  
Legible Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_ Pastoral Staff Member  
\_\_\_\_\_ Advisory Board Member  
\_\_\_\_\_ Senior Pastor  
(check one)

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# Volunteer Screening Form | Part 3

To Be Retained by the Local Church

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## CONFIDENTIAL

This application is to be completed by all applicants for any position (volunteer or compensated). This is not an employment form. Persons seeking a position in the church or as a paid employee will be required to complete an employment application in addition to this screening form. This form is being used to help the church and/or Alaska District of the Assemblies of God provide a safe and secure environment for those children and youth who participate in our programs and use our facilities.

### PERSONAL

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Present Address: \_\_\_\_\_  
Number Street City State Zip

Home Phone: ( ) \_\_\_\_\_ Age: \_\_\_\_\_

Have you ever been convicted of or pleaded guilty to a crime? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, please explain (attach a separate page,if necessary): \_\_\_\_\_

### CHURCH HISTORY AND PRIOR YOUTH/CHILDREN'S WORK

Name of Church Regularly Attend \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip

Church Phone Number \_\_\_\_\_

List other churches you have attended regularly during the past 5 years and the type of all previous work you performed; (Attach a separate sheet if necessary.)

	Church 1	Church 2	Church 3
Church Name			
Address			
City			
State   Zip			
Phone #			
Type of work performed			





# Staff Application | Part 4

Alaska Ministry Network

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## AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS VERIFICATION

I, \_\_\_\_\_, hereby authorize the Alaska District Council of the A/G, dba the Alaska Ministry Network to obtain and/or request information about my criminal history from any entity chosen specifically for conducting this search, to release information regarding any record of charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is a local, state, or national file, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by city, county, state, and federal law. I do release said entities from all liability that may result from any such disclosure made in response to this request. I may revoke this request at any time, but that revocation must be in writing and give 30 days' notice of same.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Name as it appears on Driver's License(Last): \_\_\_\_\_ Name (First): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Names used by Applicant (If any): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**Application will not be processed until payment of \$20 is received.**

### ***For Office Use Only***

Part 1 Complete: Y/N  
Part 2 Complete: Y/N  
Part 4 Complete: Y/N

Criminal Records Check Ran: Y/N  
Application Approved/Denied  
Payment Received: \$ \_\_\_\_\_  
Online OR Check # \_\_\_\_\_

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