



# Adult/Student Application LoveCanton

For office use only:
Area to Serve: Nur__ Tod__ Pre__ Elem__
File Folder: Nur__ Tod__ Pre__ Elem__
Name Tag__ Fingerprint__ Photo__
Reference called__ Date__
By Whom__

**Please Print**

Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Maiden/Other names \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Text? Y/N

Current Full Address \_\_\_\_\_ Best Way to Contact You? \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Years at Address \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ E-mail \_\_\_\_\_  
Month Day Year

Age Group You Would Prefer to Work With? \_\_\_\_\_ Why? \_\_\_\_\_

Former Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Years at Address \_\_\_\_\_

Current Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_

**REFERENCES:**

Please give two character references with whom you have had sufficient contact over the past five years (other than family).

(1) Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

(2) Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

**TESTIMONY:**

Are you a Christian? \_\_\_\_\_ When did you accept Christ? \_\_\_\_\_

Please tell us about the time you asked Jesus to be your personal Savior: (Tell us how old you were, where you were, and anything you would share with someone when sharing your personal testimony).

What changes has Jesus Christ made in your life?

How are you striving to grow in your relationship with Christ?

## PERSONAL BACKGROUND

1. When working with children, you may need to lift, run, teach, supervise or assist in an emergency. Do you have any physical or mental health issues that would prevent you from performing certain types of activities in LoveCanton Kids?

\_\_\_ Yes \_\_\_ No Explain \_\_\_\_\_

2. Do you take medication? \_\_\_\_\_ List what kind: \_\_\_\_\_

## APPLICANT'S STATEMENT

The information contained on this application is correct to the best of my knowledge. I authorize any references listed in this application to give you any information they may have regarding my character and fitness for children's work. I release all such references from liability for any damage that may result from such evaluations to you and I waive any right to inspect these references.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## UNDER 18 PLEASE HAVE PARENT SIGN AND DATE

Your son/daughter has inquired about serving in LoveCanton Kids. We're eager to partner with you to help make this a successful serving opportunity for your student. A member of the LoveCanton Kids Team will be contacting you soon.

I give permission for my son/daughter to serve in LoveCanton Kids at LoveCanton.

Parent(s) Signature \_\_\_\_\_ Date \_\_\_\_\_

## 18 AND OLDER PERSONAL BACKGROUND INFORMATION AND PERMISSION TO OBTAIN A BACKGROUND CHECK

1. Have you ever been accused and/or convicted of domestic violence, pornography, child abuse, child molestation or any other assault crime related to others? \_\_\_ Yes \_\_\_ No

**If yes, please explain:**

\_\_\_\_\_

2. Have you ever been counseled for any of the situations described in question 1 above? \_\_\_ Yes \_\_\_ No

**If yes, please explain:**

\_\_\_\_\_

3. Have you ever been convicted of a crime or felony? \_\_\_ Yes \_\_\_ No

**If yes, please explain:**

\_\_\_\_\_

*(This form authorizes the church to obtain background information and must be completed by the applicant.  
The church must keep this completed form on file for at least one year after requesting a background check.)*

I, the undersigned applicant (also known as "consumer"), authorize **LoveCanton** to procure background information (also known as a "consumer report and/or investigative consumer report") about me. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and the state sex offender records.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to **LoveCanton**, if such is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

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

\_\_\_\_\_