

Northside Church of Christ

Primary Screening Form for Children & Youth Workers

***Identity must be confirmed with a state driver's license or other photographic identification)**

CONFIDENTIAL

Do your best to present yourself to God as one approved, a workman who does not need to be ashamed and who correctly handles the word of truth. II Timothy 2:15 (NIV)

This screening form is to be completed by all volunteers/workers involved in the supervision or custody of minors. This is one of many steps we are taking to provide a safe and secure environment for those children and youth who participate in our programs and use our facilities.

Today's Date: _____

Name: _____ Birth Date: _____

Maiden Name (If applicable): _____

Place of Birth: _____
(City, State & County)

Social Security # _____ *Drivers Lic #: _____

Present Address: _____
Street City
State Zip

Home Phone: _____ Work Phone: _____

Email Address _____

I authorize the release of any information which pertains to any record of convictions or criminal activity maintained on me whether local, state or national. I hereby release any origination from any and all liability resulting in such disclosure.

I understand that a criminal background history check will be conducted by signing below:

Signature

Date

Did you remember to attach a copy of your Driver's License or ID? Thanks...