

4112 Old Routt Road
Louisville, KY 40299

1.800.447.0700
502.719.0007
502.710.0008 (fax)

www.teamexpansion.org | www.emerald hills.info
info@teamexpansion.org



APPLICATION TO WORK WITH CHILDREN AND YOUTH CONFIDENTIAL

The Leadership of Team Expansion and the organization as a whole are committed to the safety of children and to certain basic teachings of scripture. Please complete this application in consideration as a candidate for any position (volunteer or compensated) that involves the supervision of minors. This is not an employment application form. Persons seeking a position with Team Expansion will need to complete an application and go through the application process. This form is being used to help our organization provide a safe and secure environment for the children and youth who participate in our programs and use our facilities.

As part of the screening process for working with minors at Team Expansion, a background check will be made on volunteers who are 18 years old or older. This information will be kept confidential, unless there are reasonable moral, ethical, and/or legal reasons to release it, and will be reviewed only by Team Expansion's MK department, security director, and possibly Team Expansion's Leadership Team before being locked in a confidential file.

Personal Information

Name: _____
Last First Full Middle Name

Current Mailing Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Do you have email? _____ Email address: _____

Personal Preferences

1. Please indicate the age of children/youth you would prefer to work with: _____

2. Please indicate any preference for type of children's/youth work that you prefer: _____

Personal Beliefs *(Brief Statements are fine).*

1. What do you believe about the Bible? _____

2. What do you believe about Jesus? _____

3. Who can be saved? _____

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Applicant's Statement

The information contained in this application is correct to the best of my knowledge. I, the undersigned, give my authorization to Team Expansion or its representatives to release any and all records and information relating to working within my chosen ministry at Team Expansion.

Team Expansion may also contact my references. I authorize any references or churches listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for children's or youth work. I release all such references from liability from any damage that may result from such evaluations and I waive any right to inspect these references.

I authorize Team Expansion to perform a criminal records check now and as needed in the future to update my records for arrests, convictions, or other information that the county department of criminal records, state justice cabinets, and any other local, state, or federal criminal enforcement agency may have regarding me and release such information to Team Expansion.

I release Team Expansion and the above mentioned agencies from any liability or damages resulting from the release of this information. I waive any present or future claims of privacy resulting from the release of this information for qualifications of working with children/youth at Team Expansion.

Applicant's Signature

Date

Applicant's Printed Name

Parent's Signature (If under the age of 18, a parent/guardian must sign in agreement as well)

Date

Parent's Printed Name

Permission to Obtain a Background Check

(This form authorizes Team Expansion to obtain background information and must be completed by the applicant. Team Expansion must keep this completed form on file for at least five years after requesting a background check.)

I, the undersigned applicant (also known as "consumer"), authorize Team Expansion through its independent contractor, LexisNexis, 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 Team Expansion, 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: _____

Identifying Information for Background Information Agency (also know as "Consumer Reporting Agency")

Print Name: _____
First Middle Last

Other Names Used (alias, maiden, nickname): _____

Current Address: _____
Street/P.O. Box City State Zip Code County Dates

Former Address: _____
Street/P.O. Box City State Zip Code County Dates

Social Security Number: _____ Daytime Telephone Number: _____

Driver's License Number: _____ State of Issuance: _____ Date of Birth: _____ Gender: _____