

APPLICATION FOR MINISTRY LEADERSHIP AT NEW BEGINNINGS MERCY HOUSE

The intention of New Beginnings Mercy House (NBMH) is to provide a safe and secure environment for all those entrusted in our ministry.

- This application is to be fully completed by those desiring to work in Ministry at NBMH.
- All application information will remain confidential.

GENERAL INFORMATION and AUTHORIZATION FOR CRIMINAL RECORD CHECK. **A criminal record check is mandatory for every NBMH applicant.**

Please Print Clearly

Date _____

Home Phone _____ Cell Phone _____

E-Mail _____

Name _____
First Middle Initial Last

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Place of Birth _____

Driver's License # _____ State of Issue _____

Social Security Number _____

Children's Name, Age, & Gender _____

Marital Status Single _____ Married (Spouse's Name) _____

Divorced _____ Widowed _____ Engaged _____

Current Employer _____ Length of Current Employment _____

Employer Address _____ Phone _____

Pastor _____ Church _____
Name City Phone

Which of the following activities do you consistently spend quality time doing and is a regular part of your life. Please check all that apply.

_____ Bible Reading _____ Prayer _____ Meditation
_____ Bible Study _____ Consistent (habitual) devotional time

PERSONAL HISTORY

- If you prefer, you may choose to answer the following questions by discussing your responses in conference with a Mercy House staffer. If this is the case, please indicate your preference below.

REQUEST A PRIVATE CONFERENCE _____

- If you answer yes to any of the questions in this Personal History section, it is necessary to provide an explanation in the space provided. DO NOT LEAVE THIS SECTION UNMARKED.

Has there been any alcohol abuse, drug abuse, or physical abuse in your life or family background?

_____ No _____ Yes

If yes, what occurred and what steps have you taken to reconcile the impact on you?

Have you ever been arrested, convicted, or plead guilty to a crime? _____ No _____ Yes

If yes, please explain in detail, providing the date and place of incident(s). _____

Have you ever been accused or had a verdict against you in civil court in relation to any sexual molestation, abuse, or negligence of a minor? _____ No _____ Yes

If yes, please explain in detail, providing the date and place of incident(s). _____

Is there any circumstance, addiction, or pattern in your life that would make it inappropriate for you to serve with a minor or would compromise the integrity of NBMH (e.g. illegal drugs, pornography, gambling or any other inappropriate lifestyle choice)? _____No _____Yes

If yes, please explain in detail. _____

APPLICANT’S STATEMENT

To the best of my knowledge all the information that I, the applicant, have provided on this Application is accurate and complete. I authorize any references, institutions, or individuals listed to release any information (including opinions) that they may have regarding my character, fitness, and competency to work with NBMH. I waive my right to inspect the information provided about me by any person or organization identified by me in this Application.

Should my Application be accepted, I agree to abide by what is stated and required in this Application. In addition, I agree to refrain from all types of unacceptable conduct in the performance of my services on behalf of NBMH and this ministry.

I, the applicant, hereby request and authorize a background and Criminal Record check and the release of information to NBMH that would pertain to any records or convictions in law enforcement files or in any criminal file maintained on me whether local, state, or national. I hereby release local, state, and national law enforcement agencies from liability resulting from such disclosure.

With my signature, I validate that I HAVE READ THE FOREGOING RELEASE STATED ABOVE AND UNDERSTAND THE CONTENTS DECLARED HEREIN AND SIGN THIS RELEASE AS MY OWN FREE ACT. My signature below confirms that I have read, understand, and agree that this Application is a legally binding agreement.

Applicant Signature _____

Date _____

Witness _____

Date _____

Parent Signature (if applicant is a minor) _____

Date _____