This application is to be completed by all those desiring consideration for a ministry position involving the safety and security of \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ Church, Idaho Falls.

Your Church

Logo

This application includes consideration for both armed and un-armed service with the \_\_\_\_\_\_ Team. Volunteerism with \_\_\_\_\_\_ is not a right but is a privilege granted upon careful consideration. Each person seeking to volunteer with \_\_\_\_\_\_ will interview with the current \_\_\_\_\_\_ Team Leader. The primary goal of this meeting is to explain to the potential volunteer the philosophy of a security ministry at \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ Church, and the foundational concepts and expectations. Secondly, the desire is to hear from the potential volunteer, learn where they are in their spiritual walk, and learn about their interpersonal relationship skills. If it seems like this ministry is consistent with their calling, the next steps include arranging for them to spend some one-on-one time, serving alongside, or shadowing one of our established \_\_\_\_\_\_ team members. Prior membership on a military or police force unit is not required and does not guarantee selection. Significant consideration is made to align personal values and attitudes consistent with the ministry focus of the team.

A background check consistent with \_\_\_\_\_\_ volunteer policies applies to this ministry.   
The \_\_\_\_\_\_ Team Lead grants approval for an un-armed team member. Additional approval through the Pastor and President of the \_\_\_\_\_\_ Church Council is necessary for armed members.

**Application Information:**

Legal Name:

Last\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.I \_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_ Zip Code\_\_\_\_\_\_\_

How long at this address? \_\_\_\_\_ (If less than 5 years give previous address below)

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

Male \_\_\_\_\_ Female \_\_\_\_\_ Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best Time to Call \_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Each \_\_\_\_\_\_ candidate is required to meet the following attributes. Are you?

|  |  |
| --- | --- |
| A confirmed, communing member of \_\_\_\_\_\_, consistent with the requirements of a voting member of the church. | \_\_\_\_\_ Yes, \_\_\_\_\_No. |
| A holder of a valid Idaho Enhanced Concealed Carry permit or other comparable State or Federal issued CCW permit? (Reference, Idaho Statute 18-3302K) | \_\_\_\_\_ Yes, \_\_\_\_\_No.   No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do you believe you have an attitude acceptable for service with an armed security team as a Christian ministry partner. | \_\_\_\_\_ Yes, \_\_\_\_\_No. |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Applicant’s Signature Date

**BACKGROUND CHECK INFORMATION**: Applicant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following questions include some that will be verified through a background check submitted by \_\_\_\_\_\_. They are part of the process to help provide a safe and secure environment for our congregation. In reviewing Security Ministry applications, we may draw on the input of many ministries within the \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ Church. Please understand that the information provided in this application may be reviewed by additional members of the \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ Church staff. It is our desire to work with you in finding a ministry that is fulfilling and suited to your strengths and experiences.

|  |  |  |
| --- | --- | --- |
| 1. Have you ever been legally accused or convicted of the use or sale of illegal drugs? | \_\_\_\_ Yes | \_\_\_\_ No |
| 2. Have you ever been hospitalized, treated for, or struggled with alcohol or substance abuse? | \_\_\_\_ Yes | \_\_\_\_ No |
| 3. Have you ever been hospitalized, treated for, or struggled with issues of mental instability or emotional disorders? | \_\_\_\_ Yes | \_\_\_\_ No |
| 4. Have you ever been charged with a misdemeanor or felony? | \_\_\_\_ Yes | \_\_\_\_ No |
| 5. Are you engaged in any conduct that is contrary to the teaching of the Bible? | \_\_\_\_ Yes | \_\_\_\_ No |
| 6. Do you have any health issues that could place the people at the First Evangelical Lutheran Church at risk? | \_\_\_\_ Yes | \_\_\_\_ No |
| 7. We conduct a background check on all applicants. Do you have any objections? | \_\_\_\_ Yes | \_\_\_\_ No |

If you answered yes to any of the above questions, please explain briefly: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**APPLICANT’S STATEMENT**

I hereby authorize the \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ Church to verify all information in this application with any references and any appropriate personnel at my present or past employers, churches or other organizations. I hereby authorize any individuals to disclose any and all information to the \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ Church. I release all such persons or entities from liability that may result in or arise from \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ Church’s collection of all such evaluations or information or its considerations of my application.

Should my application be accepted, I agree to follow the policies of the \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ Church and to refrain from unbiblical conduct in the performance of my service on behalf of the church. I understand that the personal information will be held confidential by the \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ Church staff.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Applicant’s Signature Date

**Additional Interview Information:** Applicant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following information is requested for further consideration through the interview process.

Occupation: \_\_\_\_\_\_\_\_\_\_Place of employment \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_# of Years\_\_\_

Is it acceptable to contact your employer as a reference? \_\_\_\_\_ Yes, \_\_\_\_\_No.

Note: If it is necessary to contact your employer, they will only be asked questions that are attitude and/or behavior based associated with your participation in a volunteer religious ministry team.

Employment history for the last five years:

Employer’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status\_\_\_\_\_\_\_ Spouse’s Name\_\_\_\_\_\_\_\_\_\_\_\_ # of Children\_\_\_\_ Ages \_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a personal relationship with Jesus Christ? \_\_\_\_\_ Briefly describe:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How long have you attended the \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ Church? \_\_\_\_\_\_\_\_

Are you in a small group? \_\_\_\_\_\_\_

Date of Baptism \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any other the \_\_\_\_\_\_ or other ministries that you are involved in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Personal References (Must be 18 years old and not related to you)

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Applicant’s Signature Date

\_\_\_\_\_\_ **Security Team Application:**

**Team Lead Evaluation**: Applicant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Each \_\_\_\_\_\_ candidate is required to meet the following attributes.   
Summarize any observations or additional discussion on the attached comments pages.

|  |  |
| --- | --- |
| 1. Is the candidate a confirmed, communing member of \_\_\_\_\_\_, consistent with the requirements of a voting member of the church. | \_\_\_\_\_ Yes, \_\_\_\_\_No. |
| 2. Is the candidate a holder of a valid Idaho Enhanced Concealed Carry permit or other comparable State or Federal issued CCW permit? (Reference, Idaho Statute 18-3302K) | \_\_\_\_\_ Yes, \_\_\_\_\_No. |
| 3. Has the applicant experienced a mentorship period for shadowing a team member? | \_\_\_\_\_ Yes, \_\_\_\_\_No. |
| 4. Do you believe the candidate has an attitude acceptable for service with an armed security team as a Christian ministry partner. | \_\_\_\_\_ Yes, \_\_\_\_\_No. |
| 5. Has the applicant demonstrated basic pistol/revolver handling skills appropriate for a security team in a church setting. | \_\_\_\_\_ Yes, \_\_\_\_\_No. |
| 6. Has the candidate passed a background check submitted by \_\_\_\_\_\_? A previous background check for another ministry team, teaching position, etc. is acceptable. | \_\_\_\_\_ Yes, \_\_\_\_\_No. |
| 7. Were employment references checked as part of this application process? | \_\_\_\_\_ Yes, \_\_\_\_\_No. |
| 8. Were personal references checked as part of this application process? | \_\_\_\_\_ Yes, \_\_\_\_\_No. |
| 9. Are there any limitations that you would recommend associated with the applicant’s involvement on the \_\_\_\_\_\_ Security Team. | \_\_\_\_\_ Yes, \_\_\_\_\_No. |
| 10. Is there any reason that you would not recommend the applicant for membership on the \_\_\_\_\_\_ Security Team? | \_\_\_\_\_ Yes, \_\_\_\_\_No. |
| 11. Do you recommend that this applicant be only considered for an un-armed capacity on the \_\_\_\_\_\_ team. | \_\_\_\_\_ Yes, \_\_\_\_\_No. |

\_\_\_\_\_\_ **Security Team Approval**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ Team Lead, Printed, Signature, Date

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\_\_\_\_\_\_ Pastor, Printed, Signature, Date

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\_\_\_\_\_\_ Council Pres., Printed, Signature, Date

Comments (Page \_\_\_\_\_ of \_\_\_\_.): Applicant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of contributor of comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_ Team Lead, Printed, Signature, Date